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THIRTY-SECOND

ANNUAL REPORT

OF THE

MANAGERS

OF THE

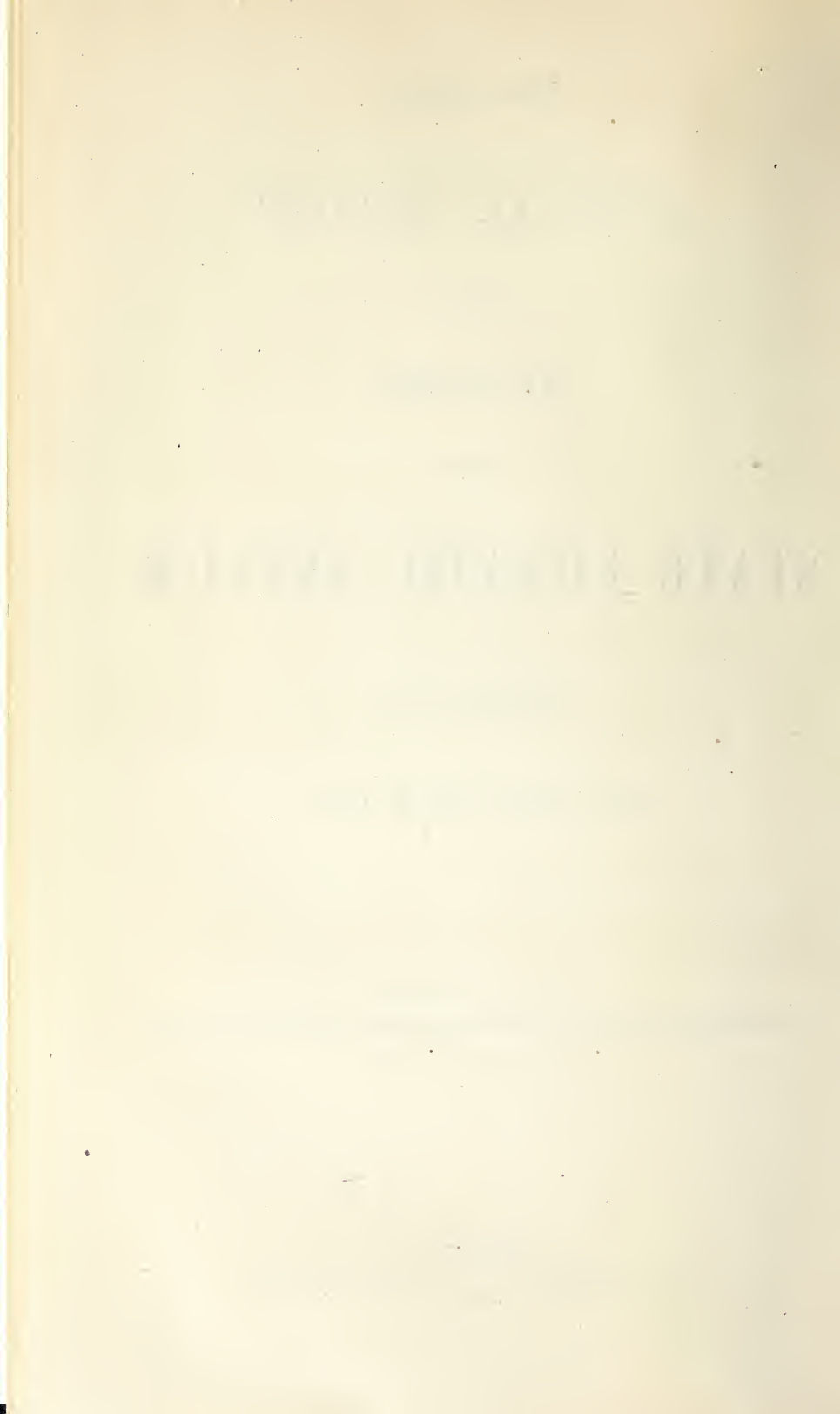
STATE LUNATIC ASYLUM,

UTICA, N. Y.,

FOR THE YEAR 1874

TRANSMITTED TO THE LEGISLATURE JANUARY 15, 1875.

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STATE OF NEW YORK.

No. 16.

IN SENATE,

January 18, 1875.

THIRTY-SECOND ANNUAL REPORT

OF THE MANAGERS OF THE STATE LUNATIC ASYLUM
FOR THE YEAR ENDING NOVEMBER 30, 1874.

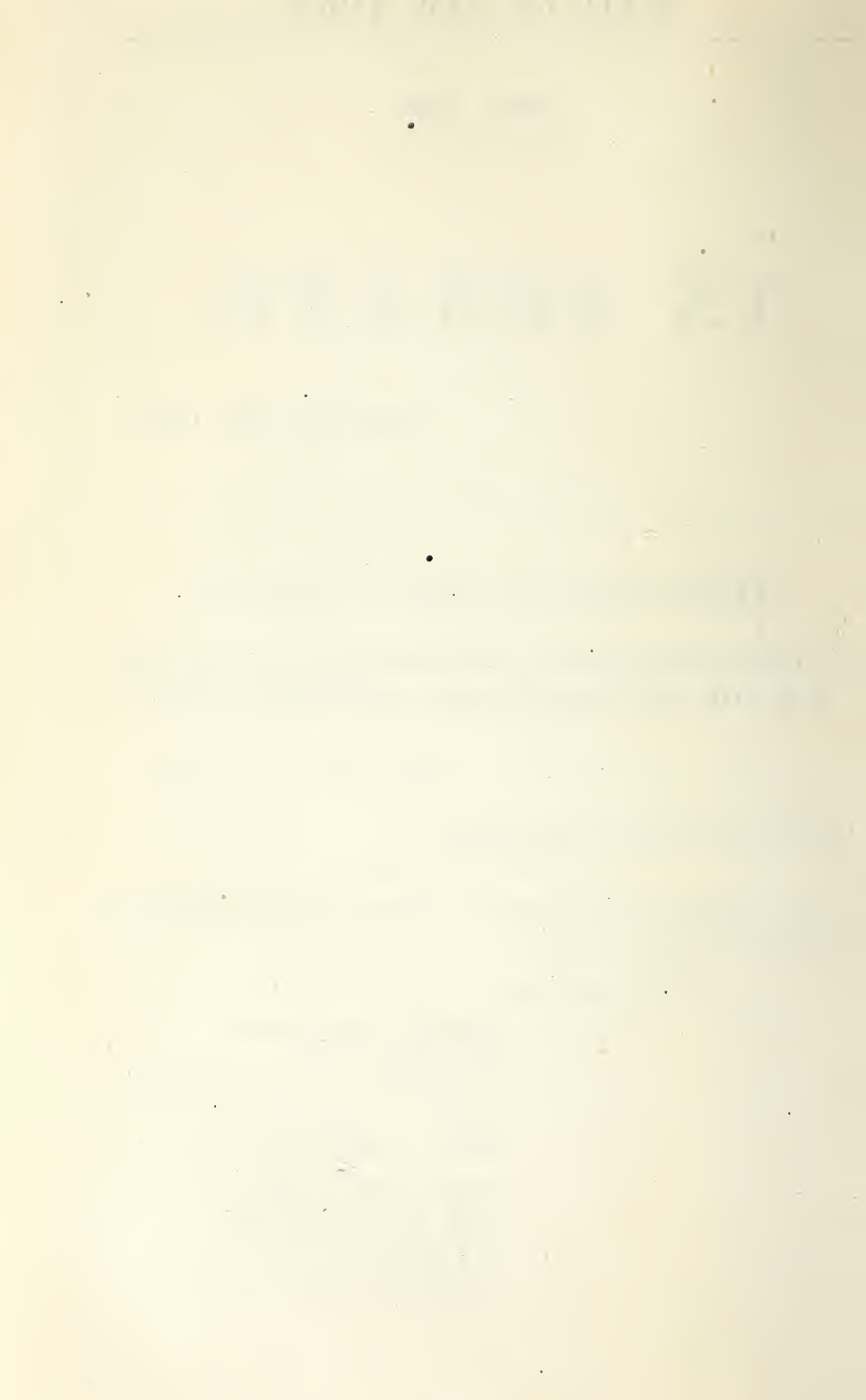
UTICA, *January 9, 1875.*

To the Hon. WILLIAM DORSHEIMER,
President of the Senate:

SIR — We transmit herewith the annual report of the Managers
of the State Lunatic Asylum.

With great respect,

SAMUEL CAMPBELL,
FRANCIS KERNAN,
S. OAKLEY VANDERPOEL,
ALEX. S. JOHNSON,
THEO. POMEROY,
JAMES McQUADE,
GEO. B. ANDERSON,
PETER CLOGHER,
ARTHUR M. BEARDSLEY.



OFFICERS OF THE ASYLUM.

MANAGERS:

SAMUEL CAMPBELL,	-	-	-	-	-	-	NEW YORK MILLS.
FRANCIS KERNAN,	-	-	-	-	-	-	UTICA.
S. O. VANDERPOEL, M. D.,	-	-	-	-	-	-	STAPLETON.
ALEXANDER S. JOHNSON,	-	-	-	-	-	-	UTICA.
THEODORE POMEROY,	-	-	-	-	-	-	UTICA.
JAMES McQUADE,	-	-	-	-	-	-	UTICA.
GEORGE B. ANDERSON,	-	-	-	-	-	-	HAWKINSVILLE.
PETER CLOGHER,	-	-	-	-	-	-	UTICA.
ARTHUR M. BEARDSLEY,	-	-	-	-	-	-	UTICA.

TREASURER:

THOMAS W. SEWARD,	-	-	-	-	-	-	UTICA.
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RESIDENT OFFICERS:

JOHN P. GRAY, M. D.,	-	-	-	-	<i>Superintendent and Physician.</i>
JUDSON B. ANDREWS, M. D.,	-	-	-	-	<i>First Assistant Physician.</i>
WILLIS E. FORD, M. D.,	-	-	-	-	<i>Second Assistant Physician.</i>
ALFRED T. LIVINGSTON, M. D.,	-	-	-	-	<i>Third Assistant Physician.</i>
EDWIN E. SMITH, M. D.,	-	-	-	-	<i>Fourth Assistant Physician.</i>
THEODORE DEECKE,	-	-	-	-	<i>Special Pathologist.</i>
HORATIO N. DRYER,	-	-	-	-	<i>Steward.</i>
EMMA BARKER,	-	-	-	-	<i>Matron.</i>

CHAPLAIN:

REV. WILLIAM T. GIBSON, D. D.,	-	-	-	-	UTICA.
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THIRTY-SECOND ANNUAL REPORT

OF THE MANAGERS OF THE STATE LUNATIC ASYLUM FOR
THE YEAR ENDING NOV. 30, 1874.

The managers of the State Lunatic Asylum herewith transmit to the legislature their report for the year 1874, together with those of the superintendent and treasurer.

On the first day of December, 1873, there were 580 patients under treatment in the asylum.

During the year just closed, 368 have been admitted.

The whole number under treatment during the year was 948. Of this number, 123 were discharged recovered, 53 were discharged improved, and 138 unimproved; 14 were discharged as not insane, and 48 died.

On the 30th day of November, 1874, there were in the asylum 572 patients. The percentage of recovered and improved during the year was 48. The whole number of patients admitted since the opening of the asylum, is 11,399, of which 4,280 recovered, and 1,732 were improved, showing over 53 per cent recovered and improved.

The report of the superintendent shows that about thirty per cent of the patients admitted during the year were chronic cases. The managers regret that they are called upon to reiterate the opinions so often expressed heretofore, that in a great number of cases recovery is prevented by the failure to bring patients under treatment during the earliest stages of the disease.

The opening of other institutions of a similar character — affording relief from over-crowding, and giving increased facilities for the distribution of aggravated cases — has been of much advantage to this asylum, and has proved highly beneficial to the proper treatment of the insane throughout the state.

By reference to the treasurer's report, it will be seen that the expenditures during the year for additions, alterations and repairs, amounted to \$47,173, of which sum there was expended for material in the renewal of the heating apparatus, \$7,136.39; for finishing south enclosed veranda, \$1,240.86, and for building north enclosed veranda, \$4,764.86; and for furnishing hospital building for women, \$2,924.77; and for grading and paving sidewalks, \$676.25. The balance, \$30,429.87, has been expended in necessary repairs and reconstruc-

tion within the buildings. The veranda, or day-room, for the first ward, north, having been in use since the erection of the asylum, had become so decayed and unsafe that the managers deemed it necessary, in July last, to direct its reconstruction, in anticipation of an appropriation for that purpose by the legislature. The decay of the floors throughout the buildings from time, and constant use, necessitated an entire renewal, which was commenced some time since, has been continued through the year, and will be completed gradually, so as not to interfere with the comfort and convenience of patients. Three water closets and bath rooms in the south rear wing have been entirely reconstructed. Various other necessary repairs have been commenced, which, by reason of the occupancy of the rooms by patients while the work is in progress, are unavoidably expensive, but will be carried on as economically as circumstances will permit.

For the past three years the managers have called attention to the bad condition of the fences inclosing the asylum grounds, but the necessity for appropriations for repairs more closely affecting the personal comfort of patients, caused them to refrain from urgent recommendation on the subject. Now, however, they are compelled to suggest that any further postponement of the erection of a new fence on Court street, to replace the dilapidated board structure fourteen hundred feet in length, which was erected over thirty years ago, would be extremely unwise. The managers therefore renew their previous recommendations that an appropriation be made for the erection of a plain and substantial iron fence on a stone foundation with the necessary house for the occupancy of the persons, having charge of the grounds on Court street, and for a line fence on the western boundary of the asylum grounds. These are also absolutely required both for the security of patients, and for the protection of the property of the state.

The value of systematic pathological investigations, which were instituted at the asylum by authority of the legislature upon the recommendation of the superintendent, Dr. Gray, some years since, cannot be over-estimated. The results thus far obtained, give promise of being of great advantage in the scientific examination of insanity and other brain diseases, and of aiding materially in demonstrating the correctness of the theory, which now obtains, of the physical character of the disease. As these investigations proceed, they become more valuable to the cause of science; and future developments will no doubt afford still greater assistance to intelligent investigation of the origin of insanity. Attention is called to the report of the superintendent upon this subject.

The general expenses of the asylum are defrayed by the current receipts from county and private patients, and the sale of farm products.

The managers have never asked for an appropriation to defray any portion of the expense of maintaining patients; and the moderate average charge for their care and support, affords evidence of judicious and economical administration. The remarkable uniformity in amount of the current expenses for years past, varying nearly proportionately to the number of patients treated, gives proof of careful and systematic management, which reflects credit upon the administrative capacity of the resident officers.

The preservation and reparation of the asylum property involves the expenditure of considerable sums, which have always been re-im-bursed by the legislature. Through economical considerations, the managers have confined their requirements within the smallest practicable limits; and yet they feel that the advance of science demands facilities for the care and treatment of patients, which were not contemplated when the buildings were erected, before systematic pathological research, and close scrutiny into the laws of hygiene, had effected a radical change in the treatment of the insane, and produced that amelioration in the condition of these unfortunates, which is one of the triumphs of philanthropy in the present century.

When the asylum was built, the system in operation contemplated the seclusion of the more violent inmates, and the confinement in cells and strong rooms of a class that is now rarely subjected to any form of restraint. But such measures of close confinement have long since yielded to the influence of scientific investigation, and the light of human experience has penetrated and dispelled the chill shadows which clouded the disordered mind in unrelenting depression under the erroneous treatment of former years. No longer does the traditional brooding maniac cower in the damp obscurity of his cell, or beat furiously, with manacled hands, at the walls which confine him. In these enlightened times, the cells are abolished, and even the most violent patients congregate in suitable apartments under the watchful eyes of careful attendants, but without personal restraint, except in rare cases, when they become subject to outbursts of maniacal fury and require temporary isolation. The close, dark rooms of original construction have been transformed into airy and cheerful dormitories, verandas and day-rooms, where sunlight visits the sick brain that would pine in darkness, and invigorates it as a tonic. But to remodel the buildings, which were planned with a view to the seclusive system in vogue when they were erected, so as to adapt them to the improved and humane method, requires a large expenditure, which is augmented by the difficulty of making alterations while the asylum is occupied to its fullest capacity.

The managers are confident that their design to make these buildings worthy of, and conformable to, the admirable medical adminis-

tration which has placed this asylum among the foremost institutions in the world, will secure the concurrence of the legislature in fostering one of the noblest charities of this great state, so renowned for its munificence.

In addition to the usual official inspections, the managers have made frequent personal visits to the asylum, and have found its affairs conducted, unexceptionally, in the most careful and circumspect manner. They take great pleasure in bearing testimony to the unwavering zeal and fidelity which have distinguished the superintendent and his assistants in the discharge of their trust, and to the satisfactory performance of their duties by the subordinates in the various departments.

The managers desire to call special attention to the report of the superintendent accompanying this, which contains information of interest, not only to those engaged in the practice of medicine, but to the public, to whose careful consideration its valuable suggestions are commended.

SAMUEL CAMPBELL,
FRANCIS KERNAN,
S. O. VANDERPOEL,
ALEX. S. JOHNSON,
THEO. POMEROY,
JAMES McQUADE,
GEO. B. ANDERSON,
PETER CLOGHER,
ARTHUR M. BEARDSLEY.

TREASURER'S REPORT.

To the Managers of the State Lunatic Asylum :

The Treasurer of the asylum respectfully submits the following summary of his receipts and expenditures for the year ending November 30, 1874.

RECEIPTS.

December 1, 1873.

Balance in the treasury	\$28,510 87
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December 1, 1873, to December 1, 1874.

From State Treasurer for officers' salaries	14,610 58
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December 3, 1873.

From State Treasurer, appropriation by chapter 760, Laws of 1873, to refund advances made from the ordi- nary current funds for improvements and repairs of the asylum buildings	16,207 31
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June 11.

From the State Treasurer, appropriation by chapter 760, Laws of 1873, for constructing a hospital building for the women's department	7,200 00
From the State Treasurer, appropriation by chapter 760, Laws of 1873, for enlarging six dining rooms in the women's department	3,500 00

July 20.

From the State Treasurer, the unexpended balance of appropriation of \$12,976, by chapter 715 of the Laws of 1871, for grading, paving and laying sidewalks in front of the asylum grounds on Court and York streets, re-appropriated to the same object by chapter 760, Laws of 1873	933 38
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December 1, 1873, to December 1, 1874.

From sundry counties for support of patients	96,701 56
From sundry private patients	65,906 96
From the steward for hides, coal, pigs, drippings, etc., sold by him	5,477 15

\$239,047 81

PAYMENTS.

December 1, 1873, to December 1, 1874.

For provisions	\$65,423 67
For clothing of patients (advanced)	9,059 87
For grading, paving and sidewalks	676 25
For the steward, petty expenses	800 00
For officers' salaries	14,610 58
For lighting the asylum buildings.....	3,825 18
For household stores, crockery, soap, brooms, etc.....	4,565 04
For furniture, including beds and bedding	8,985 44
For attendants, assistants and labor, including salaries of chaplain, engineer, apothecary, butcher, tailor, farmer, book-keeper, etc.....	40,394 66
For additions, alterations and repairs (\$30,429.87), renewal of heating apparatus, (\$7,136.39); finishing south inclosed veranda, (\$1,240.86); and building north inclosed veranda, (\$4,764.86); making a total of	43,571 98
For warming the asylum buildings.....	12,360 11
For farm, barn, garden and grounds	10,250 68
For medicines and medical stores	5,264 12
For furnishing hospital building for women's department,	2,924 77
For books, printing and stationery	2,533 97
For miscellaneous expenses.....	2,785 24
For patients' miscellaneous expenses	1,406 72
For cash refunded to patients on their leaving the asylum	94 97
	\$229,533 21

December 1, 1874.

Balance to new account.....	9,514 60
	\$239,047 81

UTICA, *December 1, 1874.*

T. W. SEWARD,
Treasurer.

THIRTY-SECOND ANNUAL REPORT

OF THE SUPERINTENDENT OF THE NEW YORK STATE LUNATIC ASYLUM
FOR THE YEAR ENDING NOVEMBER 30, 1874.

To the Board of Managers:

GENTLEMEN — In compliance with the act organizing the asylum, the following report of its operations during the past year is respectfully submitted:

	Men.	Women.	Total.
Number of patients at the commencement of the year,	294	286	580
Received during the year.....	190	178	368
Whole number treated	484	464	948
Daily average under treatment.....			581
Discharged recovered	61	62	123
Discharged improved	25	28	53
Discharged unimproved.....	75	63	138
Discharged not insane	12	2	14
Died	31	17	48
Whole number discharged	204	172	376
Remaining November 30, 1874.....	280	292	572

The admissions to the asylum for the year of 1874 are somewhat less in number than they were during previous years. Some relief from the pressure formerly experienced is now felt as the result of the increased accommodation provided by the bounty of the state. There has, however, been no improvement in the character of cases as regards the duration of insanity before admission, or in the number of those which, from the form of physical disease presented no reasonable ground for hope of recovery, or even improvement.

Of the 368 cases admitted, the duration of insanity in 93 admissions exceeded one year, these had therefore passed from the acute to the chronic stage of the disease, thereby largely diminishing the chances for recovery. There were seventeen cases of paresis, nine of epilepsy, four

of serious cardiac disease, three were paralyzed, and six were not insane. This last number consists entirely of men, four of whom were cases of intemperance, suffering from the effects of a prolonged debauch, which, in three of them, terminated in a condition of turbulence, excitement and violence, which led to their commitment as insane. The other two were cases of "the opium habit"; one had taken it in bulk, and the second had used morphia hypodermically for about fifteen months to the extent of about five grains per day.

Thirty-two cases were in a very feeble condition from the exhaustion of disease, or the refusal of food. These were mostly cases of melancholia, suffering from depressing delusions, several of whom had already passed to the chronic stage of disease. Eleven were brought in irons or other form of restraint.

Of those discharged, not recovered, 26 men and 21 women were transferred to the Willard Asylum for the Chronic Insane.

Of the same class, 41 men and 49 women were removed to their homes as being able to be cared for in private families. Many of this number will assist in their own support, and from being entirely dependent upon public bounty, and only consumers, will become independent and producers. This is in accord with our suggestions and action in previous years, and we can but consider it an advantage to the individual, and to the community, and so far as the plan can be carried out, an answer to the question what shall be done with the chronic insane.

We deem it proper to speak at this time of the great responsibility assumed by friends in the removal from the asylum of patients suffering from melancholia with suicidal tendencies. While the depressing delusions and thoughts of self-destruction continue, there is no safety to the patients in allowing them the freedom of life at home even in the midst of their own friends and families. In the case of those committed upon public orders, the law, wisely, as it would seem, guarantees their safety by obliging those who seek their removal against the advice of the medical superintendent to execute a bond "with good and approved sureties for his peaceful behavior, safe custody and comfortable maintenance, without further public charge. And the bond of such sureties shall be approved by the county judge of the county from which the said patient was sent, and filed in the county clerk's office of said county. Upon the presentation of a certified copy thereof the managers may discharge such patient." Patients in this condition are not allowed to be removed except in accordance with this legal provision, and the disinclination or inability of friends to fulfil the requirements of the law has often prevented the sad results which in some instances have followed the removal.

In the case of private patients supported by friends, the inability to meet the expense, parsimony, the condition of domestic or business affairs, a mistaken idea of what may be best for the patient, or other motives, may lead to the removal against the earnest protest of the medical officers. Some were removed under such circumstances during the last year, and in three cases the most unfortunate and deplorable results followed. One man and one woman committed suicide by drowning, and one woman after attempting to poison her husband and son by putting arsenic in the coffee, took her own life by shooting herself through the head. In each case the danger to be apprehended and the responsibility assumed by the friends were clearly pointed out. The fatal result followed in two cases immediately and in the other within a few weeks of the time of removal. In other instances where patients have been removed under similar circumstances, they have been returned with their chances of recovery compromised. Notwithstanding these sad experiences, others no doubt will repeat the experiment and learn the same bitter lesson. A personal experience too often seems necessary to insure confidence in the assertions as to the danger incurred by assuming charge of patients while in this unfortunate condition.

I present a condensed table of the recorded causes of insanity for the entire history of the institution, embracing 32 years, and 11,399 admissions. The tabular statement is divided into four parts:

1. Those cases under the superintendency of Dr. Amariah Brigham from 1843 to 1849.
2. Those cases under the superintendency of Dr. N. D. Benedict from 1850 to 1854.
3. Those under my own superintendency from 1854 to the present time.

These latter have been subdivided, as will be observed: 1. Those conforming to the earlier classification of physical and moral causes, and 2, those admitted after I was led to abandon the theory of a moral influence directly producing insanity without the intervention of physical lesions, and after I was convinced from clinical study, not only of the inherent difficulty but uselessness of any such attempt at systematic separation.

TABLE

Of causation in cases admitted under the superintendency of Dr. Amariah Brigham, from January, 1843, to November 30, 1849.

	Men.	Women.	Total.
Ill health	174	274	448
Religious anxiety	103	102	205
Loss of property.....	67	26	93
Puerperal .....	....	93	93
Sickness and death of kindred	26	61	87
Intemperance.....	82	5	87
Business excitement.....	51	14	65
Disappointment in love.....	36	24	60
Excessive study.....	52	7	59
Excessive labor	21	23	44
Epilepsy	30	12	42
Millerism	17	21	38
Domestic trouble.....	8	22	30
Abuse of husband.....	....	34	34
Injury of head.....	24	5	29
Fright.....	14	13	27
Masturbation.....	17	2	19
Imprisonment	1	....	1
Jealousy	6	4	10
Anxiety about absent friends.....	4	15	19
Disappointed ambition	6	4	10
Illness of friends	1	7	8
Exposure to excessive heat	5	2	7
Political excitement.....	6	....	6
Opium-eating	3	3	6
Malformation of head (Idiots)	3	2	5
Infidelity of wife	4	....	4
Excessive pain.....	4	....	4
Seduction .....	....	3	3
Remorse .....	....	3	3
Bad conduct of children.....	....	3	3
Going into cold water	2	1	3
Old age.....	1	2	3
Want and destitution .....	....	2	2
Measles.....	....	3	3
Use of snuff. ....	....	3	3
Anticipations of wealth	1	2	3
Loss of sleep.....	4	3	7
Want of occupation.....	....	2	2

	Men.	Women.	Total.
Excitement of sea voyage.....	....	2	2
False accusation .....	....	2	2
Ill treatment of parents	1	1	2
Violent temper	2	....	2
Scarlet fever	2	....	2
Difficulty with neighbors	1	1	2
Excitement of law suits ..	1	1	2
Neuralgia.....	2	....	2
Infidelity of husband.....	....	1	1
License question.....	....	1	1
Fourierism.....	1	....	1
Sedentary life	1	....	1
Preaching 16 days and nights	1	....	1
Excitement of visiting .....	....	1	1
Firing of cannon .....	....	1	1
Excessive smoking.....	....	1	1
Severe whipping.....	1	....	1
Anti-rent excitement.....	1	....	1
Rechabiteism	1	....	1
Mormonism	1	....	1
Exposure to fumes of charcoal .....	....	1	1
Inhaling carbonic acid gas	1	....	1
Murder of son.....	....	1	1
Seclusion from society.....	....	1	1
Burn of head.....	1	...	1
Study of phrenology	1	....	1
Unknown... ..	417	350	767
Total.....	<u>1,209</u>	<u>1,167</u>	<u>2,376</u>

TABLE

Of causation in cases admitted under the superintendency of Dr. N. D. Benedict, from December, 1849, to December, 1853.

	Men.	Women.	Total.
Loss of property	5	....	5
Puerperal .....	....	81	81
Intemperance	106	8	114
Business excitement.....	7	....	7
Disappointment in love.....	7	14	21
Excessive study.....	1	....	1
Excessive labor.....	21	2	23
Epilepsy	25	3	28
Millerism	4	1	5

	Men.	Women.	Total.
Domestic trouble	21	68	89
Fright	3	6	9
Injury of head	13	2	15
Dyspepsia and constipation	43	25	68
Masturbation	170	16	186
Fatigue and anxiety .....	....	48	48
Suppression of menses .....	....	23	23
Menorrhagia at the critical period .....	....	13	13
Strong hereditary predisposition	17	9	26
Strong predisposition from previous attacks...	31	27	58
Grief	13	45	58
Imprisonment	14	1	15
Jealousy .....	....	1	1
Continued fever	11	11	22
Defective training	12	14	26
Meningitis	2	6	8
Rheumatism	1	2	3
Chorea	4	1	5
Mammary abscess .....	....	1	1
Menstrual irregularities .....	....	26	26
Care of insane relation .....	....	2	2
Protracted lactation .....	....	5	5
Serofula	1	1	2
Popular errors	12	9	21
Spiritual rappings	17	15	32
Old age	6	3	9
Want of occupation	5	....	5
Miscarriages .....	....	6	6
Close application to study	2	1	3
Pride .....	....	2	2
Spinal disease	2	....	2
Quackery	2	....	2
Abdominal injury .....	....	1	1
Excessive use of tobacco .....	....	1	1
Attempted abortion .....	....	1	1
Neuralgia	1	1	2
Erysipelas	1	2	3
Stroke of lightning	1	....	1
Penuriousness	1	....	1
Disease of heart	1	1	2
Intemperance and vice	61	3	64
Malaria	3	3	6
Disease of ear	1	....	1

	Men.	Women.	Total.
Opium-eating .....	....	6	6
Malformation of head.....	1	1	2
Religious excitement	12	11	23
Apoplexy	3	3	6
Seduction .....	....	11	11
Want and destitution.....	6	15	21
Loss of sleep	13	6	19
Quack medicines.....	2	1	3
Excessive venery	10	1	11
Disappointed hopes and expectations	4	1	5
Perfectionism.....	1	1	2
Phthisis pulmonalis	15	7	22
Nostalgia	1	3	4
Celibacy .....	....	3	3
Deafness	1	4	5
Mesmerism.....	....	1	1
Non-appearance of menses .....	....	1	1
Hydrocephalus	1	....	1
Coup de soleil	5	....	5
Change of life.....	....	43	43
Menorrhagia .....	....	4	4
Amenorrhœa .....	....	19	19
Business perplexities	31	4	35
Religious anxiety	1	2	3
Remorse	2	1	3
Measles	2	2	4
Violent temper	...	4	4
Tumor of brain.....	....	1	1
Child bearing.....	....	2	2
Pleuritis	1	....	1
Pneumonia.....	1	....	1
Congestion of lungs	1	....	1
Intemperance of father	2	....	2
Novel reading .....	....	2	2
Hysteria .....	....	3	3
Pregnancy .....	....	5	5
Chronic diarrhœa.....	1	....	1
Excessive depletion .....	....	1	1
Congenital imbecility.....	1	....	1
Unknown.....	54	47	101
Total.....	820	727	1,547

TABLE

Of causation in cases admitted under the superintendency of Dr. John P. Gray (including, as in other tables, both moral and physical causes), from December, 1853, to December, 1866.

	Men.	Women.	Total.
Ill health	335	445	780
Intemperance and vice.....	306	13	319
Vicious habits and indulgences	258	35	293
Grief, anxiety and fatigue	53	116	169
Puerperal .....	....	160	160
Change of life .....	....	72	72
Menstrual irregularities.....	...	81	81
Uterine diseases.....	....	15	15
Child bearing.....	....	1	1
Prolonged lactation .....	....	11	11
Pregnancy .....	....	2	2
Uterine hæmorrhage .....	....	2	2
Seduction .....	....	3	3
Popular errors	29	12	41
Domestic troubles	43	124	167
Defective training.....	10	10	20
Malaria	2	5	7
Phthisis	27	37	64
Hereditary pre-disposition and previous attacks	197	127	324
Epilepsy	65	29	94
Excessive labor and anxiety	42	46	88
Business perplexities	83	11	94
Injuries of head	72	7	79
Old age and infirmity	21	14	35
Religious excitement	20	19	39
Want and destitution.....	6	18	24
Disappointment in love	1	14	15
Excessive venery	1	....	1
Loss of sleep	28	18	46
Sunstroke and exhaustion from heat	17	5	22
Fever.....	2	4	6
Dysentery	2	....	2
Excessive labor and exposure	67	33	100
Opium-eating	1	8	9
Imprisonment	2	....	2

	Men.	Women.	Total.
Remorse .....	....	3	3
Intemperance of father	1	1	2
Loss of property	6	....	6
Surgical operation	1	....	1
Severe contusions .....	....	1	1
Nostalgia	6	5	11
Rheumatism .....	....	1	1
Apoplexy	5	4	9
Excessive depletion .....	....	1	1
Aneurism of aorta	1	....	1
Disease of the heart	1	....	1
Feigned to escape punishment	5	....	5
Congenital imbeciles	4	....	4
Paralysis	8	13	21
Otalgia .....	....	1	1
Tuberculosis	2	....	2
Injury of hip .....	....	1	1
Syphilis	2	....	2
Diseases of ear and brain .....	....	3	3
Bodily injuries	1	1	2
Want of occupation .....	....	1	1
Fright	7	8	15
Meningitis	3	1	4
Hemiplegia	1	....	1
War excitement	2	....	2
Excitement of battle	1	....	1
Rubeola .....	....	1	1
Mercurial poisoning	2	....	2
Gunshot wound	1	....	1
Paresis	22	....	22
Not insane	29	11	40
Unascertained	392	309	701
	<u>2,193</u>	<u>1,863</u>	<u>4,056</u>

TABLE

Of causation in cases admitted from December, 1866, to December, 1874, under the superintendency of Dr. John P. Gray, in which physical causes are recognized as only efficient.

	Men.	Women.	Total.
General ill health.....	348	532	880
Ill health from overwork, grief, anxiety, fatigue and loss of sleep	170	171	341
Ill health from domestic trouble	4	34	38
Ill health from poverty and starvation.....	....	4	4
Ill health following fever	8	9	17
Ill health from uterine disease.....	....	13	13
Ill health from prolonged lactation.....	....	6	6
Puerperal .....	....	174	174
Menstrual irregularities.....	....	43	43
Change of life.....	....	40	40
Uterine tumor.....	....	1	1
Ovarian tumor .....	....	2	2
Abortions.....	....	3	3
Phthisis	71	91	162
Pneumonia	2	2	4
Intemperance and vice.....	223	26	249
Masturbation.....	301	17	318
Injury to head.....	47	11	58
Scrofulous diathesis	8	18	26
Epilepsy	64	20	84
Apoplexy	14	4	18
Paralysis.....	18	5	23
Sunstroke and exhaustion from heat	29	2	31
Meningitis	43	29	72
Sexual excesses	2	....	2
Suppression of discharge.....	1	1	2
Syphilis	13	1	14
Opium habit	3	11	14
Injury from rape .....	....	1	1
Rheumatism	11	6	17
Lead poisoning	1	....	1
Jaundice.....	3	....	3
Chorea .....	....	1	1
Erysipelas	1	5	6
Bright's disease.....	3	....	3
Rubeola	1	1	2
Malaria.....	3	9	12

	Men.	Women.	Total.
Imbecility	7	5	12
Senility	6	3	9
Chronic diarrhœa .....	....	1	1
Neuralgia .....	....	1	1
Locomotor ataxia	4	....	4
Peritonitis .....	....	1	1
Dyspepsia	1	2	3
Cardiac disease	3	1	4
Nostalgia	1	....	1
Asthma .....	....	1	1
Carcinoma .....	....	1	1
Paresis ..	129	10	139
Not insane	61	23	84
No history of causation	227	247	474
Total	<u>1,733</u>	<u>1,687</u>	<u>3,420</u>

RECAPITULATION.

	Men.	Women.	Total.
Under superintendency of Dr. A. Brigham..	1,209	1,167	2,376
Under superintendency of Dr. N. D. Benedict,	820	727	1,547
Under superintendency of Dr. John P. Gray (first part)	2,193	1,863	4,056
Under superintendency of Dr. John P. Gray (second part)	1,733	1,687	3,420
Grand totals	<u>5,955</u>	<u>5,444</u>	<u>11,399</u>

CONSIDERATIONS.

The more carefully I consider this subject of causation in the light of the history of cases and pathological investigations, the more thoroughly am I convinced, not only of the soundness of the position that the brain is the material instrument of the mind, and that insanity is brain disease, with mental phenomena as symptoms, as maintained by able men in the profession, but also of the fact that proper and thorough *post mortem* examinations in cases of insanity will reveal in every case organic lesions, changes in the condition of the vessels or structure of the brain or its membranes. The common phrase, "functional disease," says the distinguished Dr. Winslow, "is but another designation for the spiritual hypothesis — it is but a phantom of the mind — a pathological enigma having no actual existence apart from the active imagination which gave it birth." He adds, in speaking of the brain and its functions: "If this organ be not the material instrument of

the mind — if it be not the media through which the spiritual portion of our nature manifests its powers, the center of sensation, the source of volition, the seat of the passions, the dome of thought, the palace of the soul — I ask what are its functions, its specific uses and operations? For what object was this most exquisitely organized and complicated structure formed? Why does it receive so large a proportion of the blood, and why is it so carefully protected from injury? These interrogatories naturally arise in the mind when we hear so unphilosophical a theory propounded with reference to the possibility of the mind being subject to disease apart from all derangement of the material organs with which it is so closely and indissolubly associated. Can one conceive a more preposterous notion than that sanctioned by high authority, and which inculcates that the spiritual principle admits of being distorted, deluded, depressed, exaggerated, perverted, exalted, independent of any form of bodily disease or modification of nervous matter?"

After referring to the data of pathology, from Morgagni down to the revelations under more modern pathological investigators, he says: "I have carefully, scrupulously and zealously analyzed no less than ten thousand cases of the various shades and degrees of insanity related by Esquirol, Pinel, Foville, Georget, Guislain, Calmeil, Flourens, Bell, Haslam, Prichard, Solly, Burrows, Baillarger, Boismont, Abercrombie, Bennett, and other British, American and continental authorities; and as the result of these pathological researches, I have no hesitation in declaring that I feel, as the natural effect of the influence of these well ascertained data upon my own mind, amazed that there ever could have existed a shadow of a doubt as to the physical origin of insanity." If this could be said twenty years ago, it can be reiterated now with far more emphasis under the great progress that has since been made in physical researches.

In two cases of acute mania this year, of brief duration, though ordinary examination revealed nothing appreciable, microscopic examination, and especially the photographs of the microscopic sections of tissue, enlarged far beyond what any microscope can multiply, show the most marked and palpable changes in the blood vessels, and leave no doubt of the fact of structural changes in the very beginning, and thoroughly justify the language of Dr. Winslow heretofore quoted as to the so-called "functional disease." He declares insanity to be "the result of a derangement of the material instrument of the mind interfering with the healthy action of its manifestations." Old errors have tenacious lives. Though the rational and more comprehensive theory that insanity is simply a disease, has so long been taught by the able men of the specialty, it has not obtained a practical and general hold on the mass of men, even in the medical profes-

sion. The evils of this lack of attention to the pathology of insanity and want of knowledge of the true character of the disease, are much greater than the public are aware of. If the result was only an indifference to the whole subject by medical men it would be bad enough, but it is far worse, it is the application of a false theory in treatment which not only deprives the sufferer of proper treatment, which he has the right to claim, but subjects him to wrong and injurious treatment, and especially to neglect of remedies in the beginning when the disease is in its curable stages. This is what really keeps people from seeking admission to hospitals at once; to quote again from this distinguished author.

“Considering the subject practically, let us for a moment ask ourselves the question, what have been the consequences of the general belief in the spiritual and functional character of the disease. The lamentable effect has undoubtedly been to discourage and discountenance the use of remedial measures, and the effect upon the public mind has, alas, been to create the false impression, that mental affections were not curable maladies, and that it was not in the power of the physician to administer to their relief. As a result of a too general belief in this sophistry — this dangerous policy — a vast amount of mental disease, particularly in its early and premonitory stage is left to take its own uninterrupted course until the unhappy sufferer has been placed beyond the reach of all curative agents.” No language could be more appropriate, and it is only justly condemnatory of what we have constantly to deal with.

Of the 368 patients admitted this year, 62 waited before seeking treatment from three to six months; 54 waited from six to twelve months; 93 waited for more than a year, and many of these for several years as the tables will show. This is a sad commentary on progress. On the other hand, the table showing the duration before admission of the 123 who recovered is also an instructive but sad chapter; 77 were insane three months and under before admission; 22 over three and under six months; 16 six months to twelve; 8 one year and over. See how the column dwindles with lapse of time. And what a gloomy outlook for those who have delayed treatment. Prof. Greisinger makes the broad statement as a practically important conclusion that “insanity is a curable disease only so long as it is confined to the forms of melancholy, mania and monomania,” which he considers primitive, “and that it becomes incurable with the development of the secondary lesions,” in which he includes “chronic mania and dementia.” This is unfortunately true as a general statement, but there are exceptional cases of recovery from chronic mania and dementia. Unhappily in many cases the transition from primary to secondary stages is rapid and then the chances of recovery are included

within a brief period. Some years ago in the twenty-sixth report I gave the following opinion: "I regard mania and melancholia as essentially the same psychologically and pathologically. Both forms of disease are characterized by increased cerebral action and insomnia, and are developed under similar causes and conditions. In mania the increased cerebration is expansive and aggressive, and is manifested in excitement, exaltation, incoherence and general delusions and perversions; while in melancholia it is introspective and circumscribed and manifested in intense action within a limited scope, the false ideas depressing in character and mainly confined to the personality of the sufferer.

I find this position is also entertained by Greisinger, who speaks of a method of viewing insanity, which recognizes in the different forms different *stages* of one morbid process; and he adds: "It is now possible, from the nature of the symptoms, to approach much more closely to the problem, which ought always to occupy the foreground, of an anatomic pathological knowledge and diagnosis of mental disease.' This is the view we have long entertained, and the clinical history of insanity and all our investigations go to its confirmation.

The pathological investigations have been carried on successfully by Mr. Deecke, the pathologist, as will appear from the summary of work done, and to which I would refer. The results thus far have exceeded the expectations I entertained when I first proposed the systematic work in this direction in 1868. The success of Mr. Deecke in photomicrography, I cannot but believe, will result largely to the benefit of medical science, not only in revealing and giving more general circulation to the illustrations of pathological appearances, but in the study of anatomy and physiology. He has succeeded in taking such largely magnified representations of actual tissue as to enable the student to study the intimate structure of the brain, spinal cord, etc., with more facility and accuracy than under the best microscope. The magnified picture of the actual structure not only presents what is observed under the best microscope, but reveals, in distinct definition, what the eye is unable to detect even by the aid of the microscope. The great expense of photography would prevent any large distribution of such work, but under the heliographic process of Messrs. J. R. Osgood & Co., of Boston, Mass., perfect prints can be made from the largest negatives, at such a reasonable rate that they will be within the reach of professional men.

Before initiating these investigations, in 1858, I consulted a prominent photographer in Philadelphia, as to the probability of success in photographing pathological specimens, with but little encouragement. In visiting Washington, in 1864, and subsequently, after conferring with Dr. J. J. Woodward, U. S. A., I was encouraged to hope

for the attainment of results. In February, 1867, Dr. E. R. Hun, after due consideration, accepted my proposition to make certain microscopic investigations for the asylum, as preliminary to organized pathological work. In 1868, on my recommendation, Dr. Hun was appointed, by the board of managers, special pathologist to the asylum, an office not previously suggested in connection with any such institution, so far as I am aware. As stated in my report of that year, I had been long convinced that the extensive field afforded by this institution for pathological investigation should be cultivated more thoroughly than could possibly be done by the ordinary medical staff, considering the limited time allowed after the discharge of other duties. I realized the importance of employing a professional man of special attainments and skill in this department to make microscopic investigations in important cases where *post mortem* examinations could be obtained, also to test the value of the sphygmograph and dynamograph in throwing light upon the morbid physical condition of the insane, and such other pathological researches as might be deemed valuable to medical science and the public generally. Dr. Hun, who was eminently qualified for such duties, entered upon the work with zeal, and thus was laid the foundation for what has since been accomplished. Dr. J. B. Andrews, who, in June, 1867, was appointed an assistant, and who still remains at the head of my medical staff, entered into the spirit of the work, and went to Albany to acquire, with Dr. Hun and Mr. Haines, the necessary knowledge and practice to conduct the photographic work. He also undertook investigations with the sphygmograph, and has made some valuable contributions on this subject. March 2, 1868, Dr. Hun had his first prepared specimen photographed for examination by the stereoscope, a case of cancer of the heart, and on September 12, 1868, Dr. Andrews prepared in the same manner a specimen of hæmatoma auris, which appeared in Dr. Hun's paper, published in the *Journal of Insanity*. The following year I brought the subject of making the office of special pathologist a part of the permanent staff, to the attention of Gov. Hoffman, who, after considering the facts and the results to be attained, which, were presented to him, recommended the measure in his annual message to the legislature, as follows:

"In connection with the subject of insanity, I respectfully suggest that you will give favorable consideration to the application which will be made on behalf of the State Asylum, at Utica, for authority to appoint a special pathologist, for the duty of making such investigations as seem to be now demanded by medical science. The reasons for this will be fully stated in the report of the superintendent of that institution, which will be transmitted to the legislature."

The managers, also, in their report for that year, say they "deem it of sufficient importance to make the office a permanent

one, and recommended the legislature to confer the proper authority, and make the necessary appropriation. The law was passed without a dissenting vote. In July of that year, 1869, Dr. Henry D. Noyes, of New York, spent some time at the asylum in ophthalmoscopic examinations, and giving us instructions in the use of the instrument, and generally on the physiological and pathological appearances to be noted, in the eye, valuable to us all. In the spring of 1869, I again visited Washington with Dr. Hun to consult with Surgeon-General Barnes, and Assistant Surgeon J. J. Woodward, in regard to the necessary instruments and measures of carrying on these investigations. From these gentlemen we received valuable suggestions, and were enabled to examine the important work in the way of pathological inquiries progressing under the Army Medical Bureau. Through these gentlemen, and Surgeon Billings also, of the United States army, we secured the Powell and Leland microscope, of which Surgeon Billings remarked in a letter announcing its transmission: "You will now have the most valuable and perfect instrument in the United States." During the year 1870, Dr. Hun made a most valuable and exhaustive examination into the condition of the urine of the insane, a summary of which was published in the twenty-eighth annual report. He also that year made a careful microscopic examination of thirteen autopsies of the brain, and three of the spinal cord, embracing four cases of mania, two of melancholia, two of dementia, and five of general paresis. In this work he also gave valuable practical instruction to the other members of the medical staff. In order to attain the highest success, it was necessary to follow the photo-micographic work, so admirably conducted by Dr. Woodward; and on again consulting him, as stated in a previous report, "he not only expressed great interest in the project, but gave valuable advice and aid in securing the instruments needed, and in the arrangement of the laboratory." This included all necessary arrangements for chemical and microscopic examinations and for photography and photo-micography.

Dr. Kempster, then my second assistant physician, and now the superintendent of the asylum at Oshkosh, Wisconsin, after devoting considerable time to the study and practical work of photography, succeeded in taking photo-micographic representations of brain tissue, some twenty-five negatives, as mentioned in my thirtieth report. Of these we had a number printed by Mr. Walter C. North, a photographer, of Utica, from whom we had received many valuable suggestions, especially in the arrangements of the photographic room. The heliostat, of which I have spoken in my thirtieth report, was made by Mr. Charles Fasoldt, of Albany, and subsequently modified by his brother, Mr. John Fasoldt. This instrument is described in

the monthly Microscopical Journal, vol. 1, No. 1, page 27. Mr. Fasoldt has since, under the direction of Mr. Deecke, made the instrument quite perfect. My report for 1872 contains a summary, by Dr. Hun, of the work accomplished by him during that year. In April, 1873, Dr. Hun resigned the position of special pathologist to engage in the general practice of his profession in Albany, though he has still maintained an interest in the progress of the work. At this time I was, fortunately, able to secure the services of Mr. Deecke, a careful and enthusiastic student of pathology and a practical microscopist, to whose work I have already referred. His early and thorough training in chemistry and pharmacy, and his entire familiarity with the science of photography, have enabled him to do a large amount of admirable work, which will in time be given to the profession.

TABLE

Showing the general statistics of the Asylum from its opening, January 16, 1843, to December 1, 1874.

Total number of admissions	11,399
Total number of discharges	10,827
Total number discharged recovered	4,280
Total number discharged improved	1,732
Total number discharged unimproved	3,214
Total died	1,433
Not insane	168

GENERAL STATEMENT

Of the operations of the New York State Lunatic Asylum for the thirty-two years ending 30th November, 1874.

YEARS.	Number admitted.	Number discharged.	Number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged not insane.	Died.
1843.....	276	80	276	53	14	6	....	7
1844.....	275	211	471	132	47	16	....	61
1845.....	293	268	553	135	78	34	....	21
1846.....	337	248	622	133	60	33	....	22
1847.....	428	330	802	187	70	25	....	48
1848.....	405	382	877	174	84	38	....	86
1849.....	362	408	857	203	66	70	....	69
1850.....	367	387	816	171	57	108	....	51
1851.....	366	360	795	58	28	57	....	24
1852.....	390	400	825	156	53	152	....	39
1853.....	424	403	849	169	66	129	....	39
1854.....	390	386	836	164	42	115	....	65
1855.....	276	278	725	128	15	79	16	32
1856.....	242	236	697	100	33	65	8	30
1857.....	235	245	606	95	25	83	10	32
1858.....	333	282	784	114	33	99	5	31
1859.....	312	295	814	114	57	86	3	35
1860.....	337	339	856	105	56	133	3	42
1861.....	295	280	812	83	58	104	4	31
1862.....	287	305	819	106	51	115	3	30
1863.....	287	267	801	80	38	101	6	42
1864.....	319	289	853	109	44	84	4	48
1865.....	356	305	920	113	35	91	9	57
1866.....	388	362	1,003	164	39	106	9	44
1867.....	401	439	1,042	159	58	164	7	51
1868.....	382	415	985	157	85	105	10	58
1869.....	463	430	1,033	156	85	117	8	64
1870.....	481	441	1,084	153	72	134	7	75
1871.....	516	576	1,159	168	85	245	17	61
1872.....	399	447	982	142	73	156	14	62
1873.....	410	365	945	122	42	141	11	49
1874.....	368	376	948	123	53	138	14	48

TABLE

Showing the percentage of recoveries on the average population and admissions, for thirty-two years.

YEARS.	ON AVERAGE POPULATION.			ON ADMISSIONS.		
	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
1843	106	53	48.52	276	53	19.20
1844	236	132	55.93	275	132	48.80
1845	265	135	50.94	293	135	46.07
1846	283	133	46.99	337	133	39.46
1847	415	187	45.06	428	187	43.60
1848	474	174	36.70	405	174	42.96
1849	454	203	44.71	362	203	56.07
1850	433	171	39.49	367	171	46.59
1851	440	112	23.45	366	112	36.60
1852	441	156	35.37	390	156	40.00
1853	423	169	39.95	424	169	39.85
1854	444	164	37.16	390	164	42.05
1855	467	128	27.40	275	128	46.54
1856	454	100	22.24	242	100	41.73
1857	463	95	20.52	235	95	40.42
1858	489	114	23.31	333	114	34.23
1859	509	114	22.40	312	114	36.54
1860	516	105	20.33	337	105	31.15
1861	519	83	15.99	295	83	27.46
1862	526	106	20.15	287	106	36.93
1863	528	80	15.15	287	80	27.87
1864	560	109	19.46	319	109	31.02
1865	591	113	18.95	356	113	31.74
1866	643	164	25.50	388	164	42.26
1867	610	159	26.00	401	159	39.65
1868	589	157	26.65	382	157	41.00
1869	600	156	26.00	463	156	33.69
1870	629	153	24.32	481	153	31.80
1871	605	168	27.76	516	168	32.57
1872	588	142	24.00	399	142	35.59
1873	563	122	21.67	410	122	30.00
1874	581	123	21.17	368	123	33.42

TABLE

Showing the percentage of deaths on the whole number treated, and on the average population, for thirty-two years.

YEARS.	Deaths.	Whole No. treated.	Percent- age.	Average populat'n.	Percent- age.
1843	7	267	2.53	109	6.44
1844	16	471	3.39	236	6.78
1845	21	553	3.79	365	7.92
1846	22	622	3.53	283	7.77
1847	48	803	5.98	415	11.56
1848	86	877	9.80	474	18.14
1849	69	857	8.05	454	15.19
1850	51	815	6.25	433	11.77
1851	48	795	6.03	440	10.91
1852	39	825	4.72	441	8.84
1853	39	849	4.59	423	9.22
1854	65	836	4.75	444	14.63
1855	32	725	4.41	467	6.85
1856	30	697	4.30	454	6.61
1857	32	696	4.59	463	6.88
1858	31	784	3.95	489	6.33
1859	35	814	4.30	509	6.87
1860	42	856	4.90	516	8.13
1861	31	812	3.82	519	5.97
1862	30	819	3.66	526	5.70
1863	42	801	5.24	528	7.95
1864	48	853	5.02	560	8.57
1865	57	920	6.19	591	8.79
1866	44	1,003	4.38	643	6.84
1867	51	1,042	4.89	610	8.36
1868	58	985	5.88	589	9.84
1869	64	1,033	6.29	600	10.66
1870	75	1,084	6.91	629	12.08
1871	61	1,159	5.35	605	10.08
1872	62	982	6.31	588	10.54
1873	49	945	5.20	563	8.70
1874	48	948	5.06	581	8.25

TABLE

Showing the ages of those admitted, and those discharged recovered, during the year ending November 30, 1874.

YEARS.	ADMITTED.			DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 13 to 20.....	7	8	15	4	7	11
From 20 to 30.....	58	58	116	20	22	42
From 30 to 40.....	52	48	100	13	11	24
From 40 to 50.....	31	34	65	10	10	20
From 50 to 60.....	27	22	49	9	10	19
From 60 to 70.....	11	7	18	4	2	6
From 70 to 80.....	4	1	5	1	....	1
Total	190	178	376	61	62	123

EDUCATION.

Of 368 admissions, five had received a collegiate, 31 an academic, and 279 a common school education; 20 could read and write, 18 could read only, and 15 had not received any education.

CIVIL CONDITION.

Of 368 admissions, 89 men and 101 women were married; 89 men and 63 women were single, and 12 men and 14 women were widowed.

TABLE

Showing the statistics of hereditary transmission in 368 cases.

Where found.	Men.	Women.	Total.
Paternal branch	15	17	32
Maternal branch	17	19	36
Paternal and maternal branches	2	4	6
Insane relatives.....	20	17	37
Total.....	54	57	111

TABLE

Of probable exciting cause in those admitted during the year.

	Men.	Women.	Total.
General ill health	23	54	77
Ill health from overwork, grief, anxiety and loss of sleep.....	37	30	67
Ill health from domestic trouble .....	....	5	5
Ill health following fever	1	2	3
Ill health from poverty and starvation .....	....	2	2
Ill health from prolonged lactation.....	....	2	2
Ill health from uterine disease .....	....	1	1
Menstrual irregularities .....	....	5	5
Ovarian tumors .....	....	1	1
Abortion .....	....	1	1
Puerperal .....	....	25	25
Change of life .....	....	4	4
Intemperance and vice.....	29	5	34
Masturbation	22	1	23
Phthisis .....	....	2	2
Meningitis	2	4	6
Apoplexy	3	....	3
Epilepsy	7	2	9
Rheumatism.....	1	....	1
Paralysis.....	2	1	3
Erysipelas.....	....	2	2
Syphilis	5	....	5
Cardiac disease	3	1	4
Nostalgia	1	....	1
Asthma.....	....	1	1
Dyspepsia .....	....	2	2
Carcinoma .....	....	1	1
Locomotor ataxia	1	....	1
Insolatio	6	....	6
Injury to head	5	1	6
Malaria	2	3	5
Paresis	17	....	17
Not insane.....	6	....	6
No history of causation.....	15	22	37
Total.....	<u>190</u>	<u>178</u>	<u>368</u>

TABLE

Showing the form of mental disorder in 368 cases.

Form.	Men.	Women.	Total.
Melancholia	43	50	83
Acute mania	40	64	104
Dementia	36	25	61
Sub-acute mania.....	20	15	35
Chronic mania	19	20	39
Periodic mania	1	2	3
Epilepsy with mania	2	1	3
Epilepsy with dementia.....	5	1	6
Mania a potu.....	1	....	1
Paresis	17	....	17
Not insane.....	6	....	6
Total.....	190	178	368

TABLE

Showing the duration of insanity, previous to admission, in 368 cases.

	Men.	Women.	Total.
One week	10	9	19
Two weeks.....	9	11	20
Three weeks.....	8	14	22
One month	14	12	26
Five weeks .....	....	1	1
Six weeks	6	8	14
Seven weeks	1	....	1
Two months.....	11	17	28
Two and one-half months.....	1	2	3
Three months	8	17	25
Three and one-half months	1	2	3
Four months	8	8	16
Five months	10	6	16
Six months	13	14	27
Seven months	2	3	5
Eight months	4	2	6
Nine months	2	1	3
Ten months.....	4	3	7
Eleven months	1	2	3
One year.....	19	13	32
Fourteen months .....	....	1	1
Fifteen months	1	....	1
Sixteen months.....	2	1	3

	Men.	Women.	Total.
Eighteen months	2	5	7
Twenty months.....	1	1	2
Two years.....	7	10	17
Twenty-seven months	2	1	3
Two and one-half years.....	1		1
Three years	4	1	5
Four years.....	4	2	6
Five years.....	4	1	5
Six years.....		3	3
Ten years	2	....	2
Eleven years	1	....	1
Fifteen years	1	....	1
Twenty-four years	1	....	1
Chronic, date unascertained	19	7	26
Not insane.....	6	....	6
Total.....	<u>190</u>	<u>178</u>	<u>368</u>

TABLE

Showing the duration of insanity previous to admission, and the period under treatment, in 123 cases discharged recovered.

DURATION.	BEFORE ADMISSION.			UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
One week.....	9	7	16	..	..	....
Two weeks.....	3	3	6	..	..	....
Three weeks.....	3	7	10	..	..	....
One month.....	5	6	11	2	..	2
Five weeks.....	3	..	3	..	..	....
Six weeks.....	3	4	7	2	1	3
Seven weeks.....	1	2	3	..	..	....
Two months.....	5	6	11	3	..	3
Three months.....	4	6	10	6	7	13
Four months.....	4	1	5	10	7	17
Five months.....	5	3	8	7	5	12
Six months.....	1	8	9	6	6	12
Seven months.....	1	3	4	1	2	3
Eight months.....	2	1	3	5	5	10
Nine months.....	1	..	1	3	..	3
Ten months.....	..	..	..	4	1	5
Eleven months.....	..	2	2	2	3	5
One year.....	4	2	6	4	2	6
Thirteen months.....	..	..	..	..	2	2
Fourteen months.....	..	..	..	..	2	2
Fifteen months.....	..	..	..	1	3	4
Sixteen months.....	..	..	..	..	3	3
Eighteen months.....	2	..	2	..	1	1
Twenty-two months.....	..	..	..	1	4	5
Two years.....	2	1	3	2	4	6
Twenty-seven months....	..	..	..	1	1	2
Thirty-four months.....	..	..	..	..	1	1
Three years six months....	..	..	..	1	1	2
Four years.....	1	..	1	..	..	....
Eight years.....	..	..	..	..	1	1
Chronic, unascertained...	2	..	2	..	..	....
Total.....	61	62	123	61	62	123

TABLE

Showing the nativity of those admitted.

New York.....	234
Ireland	57
Germany.....	19
England	13
Canada	6
Vermont	5
Connecticut	5
Poland.....	3
Wales.....	2
Scotland	2
Massachusetts	2
Pennsylvania	2
Ohio	2
Maine	1
New Hampshire	1
Michigan	1
Indiana	1
Illinois	1
Wisconsin.....	1
Missouri	1
Virginia	1
North Carolina	1
France.....	1
Holland.....	1
Prussia	1
Switzerland	1
Bavaria	1
Austria	1
Norway	1
West Indies	1
Total	<u>368</u>

TABLE

Showing the occupation of those admitted.

Housekeeper	109
Farmers and farm laborers	57
Laborers	42
Housework.....	34
No occupation	13

Merchants	8
Workers in leather	6
Students	5
Teachers	5
Seamstresses	5
Dressmakers	5
Workers in iron	4
Clerks	4
Manufacturers.....	3
Salesmen.....	3
Painters	2
Sailors.....	2
Artists.....	2
Civil engineers.....	2
Architects	2
Railroad conductors	2
Engineers.....	2
Factory operatives	2
Masons	2
Saloon keepers	2
Printer	1
Clergyman	1
Lawyer	1
Tailor	1
Insurance agent	1
Waiter.....	1
Coachman	1
Butcher.....	1
Baggageman	1
Baker	1
Peddler	1
Confectioner	1
Editor	1
Soldier	1
Milliner	1
Treasurer Manufacturing Co	1
Banker	1
Druggist.....	1
Miller	1
Gardener	1
Patent medicine maker	1
Watch case maker	1
Pastry cook	1
Paymaster	1

Night watchman	1
Reporter	1
Nurse	1
Musician.....	1

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TABLE

Showing Number of cases of General Paresis admitted and died since 1849.

YEARS.	ADMITTED.			DIED.		
	Men.	Women.	Total.	Men.	Women.	Total.
1849 .....	....	....	....	4	....	4
1850	1	....	1	2	....	2
1851	1	....	1	2	....	2
1852	1	1	2	....	1	1
1853	6	1	7	4	1	5
1854	4	1	5	4	....	4
1855	7	....	7	4	....	4
1856	2	....	2	3	....	3
1857	9	....	9	3	....	3
1858	4	1	5	4	....	4
1859	5	1	6	3	2	5
1860	9	....	9	9	....	9
1861	8	1	9	10	....	10
1862	7	....	7	4	....	4
1863	11	....	11	9	1	10
1864	15	2	17	12	....	12
1865	22	....	22	12	2	14
1866	10	3	13	9	....	9
1867	13	....	13	8	....	8
1868	22	....	22	9	1	10
1869	29	....	29	15	....	15
1870	17	2	19	18	1	19
1871	27	4	31	17	1	18
1872	17	2	19	17	2	19
1873	21	2	23	15	2	17
1874	17	....	17	15	1	16
Total	285	21	306	212	15	227

TABLE OF MORTALITY,

Showing the cause of death in the forty-eight who died during the year, and the form of insanity in each case at the time of admission.

FORM OF INSANITY AT TIME OF ADMISSION.	Apoplexy.		Exhaustion.		Cardiac disease.	Meningitis.	Phthisis.	Paralysis.	Hæmoptysis.	Suspension.
	M.	W.	M.	W.						
Acute mania	8	7	1	1	.. 1	2	..	..	1	1
Chronic mania	1	4	..	4	.. 1	..	..	..	..	..
Melancholia	2	4	..	3	.. 1	..	1	..	..	..
Dementia	3	..	2	..	.. 1	..	..	1	..	..
Epilepsy	..	1	..	1	..	..	..	..	..	..
Paresis	15	1	..	..	..	..	..	..	..	..
Total	31	17	3	4	2	2	1	1	1	1

I give the following histories of cases as presenting points of special interest:

Case 1. Woman; age 59; single; weaver, was admitted to the asylum in 1871. Her history is condensed as follows: Was healthy during early life and worked regularly at her trade, but in 1850 ran down from overwork and grief at the loss of her father, and became depressed and melancholic. She was treated for a few months in an asylum but with little benefit. The more marked symptoms of her insanity soon passed away, but she continued irritable, petulant and seclusive. In 1861, after having passed the climacteric, she again relapsed into a melancholic state, was reticent, inclined to be by herself, and would turn her back upon visiting friends. From this time forward she demanded care and attention. About the year 1863 she had a slight attack of paralysis affecting the muscles of the mouth and tongue and right side of the body, and though she afterward improved so that in 1865 she did a little work at her trade, she soon lost power of application and was not able to do any thing efficiently. She however retained her desire to labor, and went from place to place seeking employment in an undecided, indeterminate manner. In 1869 there was again a marked change in her mental state, in that she became more irritable, faultfinding and was depressed and unhappy, and, as before, showed great aversion to company and even the society of her own relatives. She left home and went to the house of some friends living in a distant part of the state, but became so troublesome and difficult of care that she was brought to the asylum. She then presented the marked characteristics of chronic mania, was talkative, quarulous, faultfinding, incoherent in speech and restless. There were present some of the evidences of the former paralysis; she was thin in flesh, ate sparingly and slept poorly. During her stay in the asylum she grew gradually worse, was almost constantly talking and scolding, collected in her room and about her person, scraps of paper torn from letters, the edges of newspapers, rags and other refuse material which she highly cherished. For most of the time she required tonics, hypnotics and extra diet. She was much disturbed, noisy and, under the influence of delusive ideas, hallooed out of the windows; was wakeful, talking to herself. This condition lasted for some months when she had an attack of paralysis, affecting at first the muscles of the throat followed by unconsciousness, and a comatose state lasting 36 hours, when she died apoplectic.

Case 2. Woman; age 34; married and had three children. In 1862, when 21 years of age, was admitted to the asylum with acute mania. At that time her father was also in the asylum, a paternal uncle had been insane and a brother subsequently became so. In three months she recovered and returned home. She afterward mar-

ried, passed the first confinement favorably, but in 1871, about three months after second confinement, by which she was much reduced in health and strength, had an attack of puerperal mania. For a few days she was kept at the county asylum, where, in a maniacal paroxysm, she placed her head against the radiator and burned herself severely. When admitted she was feeble, emaciated and hoarse from long continued talking and hallooing. For a time she remained feeble and maniacal, was sleepless, ate little and had delusions and hallucinations of hearing. As she gained in health and flesh she improved mentally and after about six months recovered. In the summer of 1873, she was confined with her third child, and in the fall began to lose appetite and failed in health, lost interest in her labor and family, became suspicious of her husband and physician and rapidly passed into a maniacal condition. She was brought to the asylum within a few days, and on admission presented marked indications of meningitis. The temperature was elevated, the lips and tongue were dry, eyes deeply congested, and she was restless, throwing herself about, bored head in pillow, refused food and medicine. She gradually failed and died, one week after admission, of meningitis.

Case 3. Woman; age 46; married; one child. Became insane a year before admission, from ill health brought on by over work while attending a sick member of her family. She was talkative and excitable from the first, but was retained by her friends till she became so noisy and maniacal that her care in a private family was no longer possible. When admitted to the asylum was noisy, boisterous, profane and destructive. Asserted she was God Almighty, Jesus Christ, the princess of peace, and that she made the world. She walked almost constantly, gesticulated wildly, and talked extravagantly, at times tore her clothing, and destroyed articles of furniture. She continued in the same maniacal condition, at times being violent and opposing care, up to the time of her death. She ate well and slept well under the influence of hypnotics during the whole period of her stay in the asylum. After six months she died suddenly of apoplexy.

Case 4. Woman; age 33; married, and a housekeeper; of scrofulous diathesis; had usually enjoyed good health, but during the summer of 1873 worked unusually hard, ran down in general health, and was further reduced by loss and neglect of sleep occasioned by protracted attendance upon religious exercises and interest in the subject of religion. She became sleepless, excitable, talkative and destructive of clothing. This condition became almost continuous, and she sang, shouted, prayed and exhorted her friends to be converted. Was brought to the asylum some six weeks after the beginning of attack, and was then restless, incoherent and had exalted delusions of wealth;

was carried to ward, as she refused to walk. She was given stimulants and hypnotics as she was feeble and sleepless. She also had hallucinations of sight. Although she gained somewhat in flesh, she did not improve mentally, and after about six months died suddenly of apoplexy.

Case 5. Woman; age 18; single; servant; had been in feeble health for some years; had had frequent attacks of *petit mal*, and after each recurrence was described by her mother as being "a little out." About three weeks before admission she became suddenly maniacal; was noisy, incoherent, had hallucinations of hearing, was destructive of clothing, and demanded constant restraint. This was her condition when brought to the asylum. In about ten days she had a severe epileptic fit, followed by profound sleep, after awakening from which she was disturbed and maniacal as before. For one week she had daily convulsive attacks, in one of which she died apoplectic.

Case 6. Woman; age 27; housekeeper; had been married seven years, but had no children. She had worked hard all her life, but enjoyed good health. About five months before admission patient received a fall, striking on the back of her head. From this complained of pain, and soon after was taken ill and remained in bed some two weeks. Was much worried about her condition, said she was going to die, and urged all around her to get religion and prepare to die. She continued thus depressed for three or four weeks, when she became more hopeful and cheerful. She remained in this variable condition, alternately melancholic and again elated, till a few days before admission. She was then noisy and maniacal, violent, incoherent, profane and obscene in speech, resisted every thing that was done for her, refused to walk to ward and was carried. The next day meningeal inflammation of the brain and cord was diagnosticated.

The symptoms of the disease were the moving of the head from side to side, and of the limbs up and down in an involuntary, jerky manner. She had a worried, anxious look, temperature elevated, tongue dry, sordes on teeth, was sleepless, and opposed taking food. The symptoms continued, and though after a week she took stimulants and beef essence freely, she did not rally, but died suddenly on the eleventh day, from apoplexy of the cord.

Case 7. Woman; age 61; widow; admitted to the asylum for the fifth time with acute mania. She left the asylum, recovered, two years ago, and remained mentally well till the present attack. She had cancer of the breast, and for some weeks had been using medicine prescribed for her by a woman who was without skill or knowledge as a physician. Four weeks before admission she became violently insane; was noisy, maniacal and destructive of clothing; talked incoherently and profanely. She was thin in flesh, had a marked cachectic appear-

ance, and though so violent and manifesting so much excitement, was really quite feeble. She was put to bed, placed on stimulants, beef essence and hypnotics. About two weeks after admission an abscess formed, and was opened, on the left side of the face under the ear. This destroyed the cellular tissue far down the neck, and a profuse discharge of pus was kept up for some two weeks, when another was developed behind the same ear. Six weeks from the time of admission the paroxysm of excitement subsided; but in her enfeebled state a diarrhoea supervened, which reduced her still more. She recognized her condition, and spoke freely and cheerfully of her probable death. She failed slowly, and died, about ten weeks after her admission, of exhaustion.

Case 8. Woman; age 31; single. Was first admitted to the asylum at the age of 17 and again at 20. She had been in a variable condition of health; at times considerably depressed, silent and seclusive, and again excitable, talkative, restless and sleepless. At periods she would be more natural and able to recognize her real condition. These alternating states had existed since 1867, and she had often requested her friends to bring her to the asylum. During the periods of disturbance the patient lost flesh, sleep and color, and when admitted was pale, pinched and haggard; said she had been failing in general health for a year, and had not been well for five years. She improved in health and general appearance, and manifested much control, being quiet and well behaved for about six months, when she passed into an acutely maniacal condition, in which she was boisterous, destructive and incoherent in speech. The paroxysm lasted some six weeks, when she again became quiet and comfortable, and so remained for about five months. This was followed by a period of depression, in which she was melancholic and had strong suicidal thoughts, and even attempted suicide by strangulation. To prevent self-injury she subsequently requested that restraint be applied, which she wore for some weeks. The tendency to suicide continued, but was not so strongly exhibited. The patient was querulous, at times moaned and groaned, and again laughed foolishly without cause. This state alternated with one of noise and maniacal disturbance. After a residence of eighteen months in the asylum she died suddenly in bed, a short time after retiring, of apoplexy.

Case 9. Woman; age 41; married; two children; housekeeper; intemperate in habits. Was first married twenty-four years ago. Her second husband had deserted her. She had been insane for about one year, insanity characterized by loss of memory, incoherence and hesitancy of speech. There was also loss of sleep, appetite and flesh. In the course of six months she developed extravagant delusions, that she owned the whole of the city of her residence, was Queen Eliza-

beth, had hallucinations of sight, said there was poison in the trees and in every thing in the house, and that people were wearing her clothing. Two weeks before had a paralytic attack, and on admission presented marked symptoms of paresis, in the uncertainty of gait, hesitancy of speech, tremulousness of lips, tongue and extremities, and in the character of delusions. In about a month, had a paretic seizure, followed by increased feebleness and difficulty in walking, asserted she owned the building and made the world. From this time she gradually failed; the seizures were frequently repeated; she became more and more helpless, and was unable to walk, or even support her body in a sitting position, and could not articulate so as to be understood. For two months she retained her bed constantly, and was fed liquid food to avoid the danger of accidental strangulation. She was extremely emaciated, but was noisy and violent in action, throwing herself around in bed, denuding her person and requiring almost constant care and attention. She died about one year from the date of admission, of paresis.

Case 10. Woman; age 52; widow. Was admitted to the asylum with chronic mania, and without any history of its duration or circumstances. She was also without friends or relatives from whom the facts of her early life could be obtained, and her delusions so covered and colored her own statements, that little that was reliable could be obtained from her. She was a woman of good education who had taught school, and had lived some time abroad, both in England and on the continent. She was in fair general health, and in good flesh; stout in figure, and of pleasant address. Her husband had been dead for 15 years, but her delusive ideas were largely connected with him. She asserted that he was still alive, and was pursuing and tormenting her, by magnetizing her by means of an electric battery, which he kept constantly operating at a distance. He was, during the day-time, concealed in the trees, or other convenient ambush. The effect was to produce pain in her head and stomach. She would not expose herself by a window for fear of being shot by him with a magnetic gun. To protect herself, when possible, she would cover the window of her room with a curtain, or with papers. She asserted that during the night her husband visited her room and magnetized her, that this produced a bright light before her eyes. Often he was accompanied by several accomplices, and these also "played their tricks" upon others in the ward. She also had the delusion that she was wealthy, but that her property was kept from her, and appropriated by various persons. She accumulated refuse material, papers and pieces of cloth, about her person; refused to change her clothing under the influence of delusions; was untidy and uncleanly in her habits, and looked upon all attempts to promote

cleanliness, as instances of personal abuse, which she resented by opposition, and, at times, violence.

As the disease advanced she became more difficult of care, acquired strong dislikes to those about her, and asserted her superiority. At times she was troubled with œdema of the feet, which, however, readily yielded to appropriate remedies. She continued in fair general health, retained her appetite and physical strength to a marked degree during her stay of four years in the asylum, and was rarely so ill as to retain her bed. The day of her death she was taken suddenly ill; in the morning vomited; pulse small and frequent, and there was great depression of vital power. She grew rapidly worse, and died in the afternoon of apoplexy.

Case 1. Man; age 68; married. Had an attack of acute mania six years ago; was cared for at home, and is said to have recovered in two months. Since this time has been usually well, and worked on his farm until six weeks ago, when he again became disturbed. Was talkative, excitable and restless, walked the floor rapidly, announced himself as Jesus Christ, and finally became noisy, destructive of clothing, and could not be controlled. He did not sleep or even lie down until he was restrained in bed. This maniacal condition lasted several days till he was thoroughly exhausted. He then had considerable fever, lost flesh rapidly, and became much reduced. As soon as he had gained sufficient strength, was brought to the asylum. Was then very talkative, incoherent in speech and excitable. He remained in this condition a year; was at times violent, though he improved in physical appearance. He expressed various delusions, often mistook the identity of persons, at one time said all the patients about him were his children; at other times talked incoherently of fights with devils. He gradually became more feeble in mind, though he continued active in his habits and gained considerably in flesh. After a residence of nearly twenty months in the asylum, he died suddenly of apoplexy.

Case 2. Man; age 31; married; was healthy up to the time he entered the army. He there had typho-malarial fever, and after he left the army had an attack of intermittent each succeeding summer. During the two years previous to admission there were periods of mental depression which his friends attributed to disappointment from opposition to his marriage. In October, 1873, he was married, and very soon after his friends observed in him an unnatural exaltation. He was foolishly extravagant on his wedding trip, bought a large number of useless articles, was sleepless, restless and talkative. When he returned, was somewhat exhausted physically, but had exalted ideas of his own ability and wealth. After vainly trying to dissuade him from lavish expenditure of money, his friends opposed him and he became violent, was taken to the station-house and from

there to the asylum. Said he was willing to come to asylum for treatment, that he knew something was wrong with him and he was anxious to get well. Soon after admission, however, he was more disturbed, denied his insanity, threatened to kill the physician, attempted to escape and said he would have the building demolished by a company of soldiers which he asserted he could command. During most of the time spent in the institution he remained in this exalted, talkative condition and was at times violent. Whenever he became more quiet he expressed a variety of delusions. Said he would build a bridge across the Atlantic of glass and gold, that the Empress Eugenie had sent him a golden crown set with diamonds; that he would buy the world and then burn it according to God's law. Declared he was Jesus Christ; that birds came to his window at night, and mice played about him and ran down his throat; that his eyes rolled about the floor at night and he could play with them. His appetite was good and he retained his physical strength to a marked degree. After nearly a year's residence in the institution he fell suddenly in an apoplectic fit, became completely comatose, and died in an hour.

Case 3. Man; age 26; single; admitted with the following history: Four years ago patient had diphtheria and at the same time hemiplegia which in the course of a year gradually disappeared. After this he was apparently well until a week before admission. One evening while in his store complained of severe headache, which he said was due to a severe beating he had received at the hands of some unknown persons in the street. Giving some excuse for his absence he left the store, went to a neighboring city, was refused admission to a hotel on the ground that he was intoxicated, and spent the night in the street hiring carriages and driving about. He became so excited and threatened so strongly those whom he alleged had beaten him, that he was given into custody and brought to the asylum. In the office said he had killed a hundred persons, that he was conducting a very important lawsuit, was governor of New York and president of the United States. He soon manifested delusions of great wealth, and had the disturbance of speech, unsteadiness of gait and tremulousness indicative of paresis. In five months he had become quiet, had dropped his delusions and improved physically. For six months he continued comfortable, had an appreciation of his condition, and only the physical signs of paresis remained. He then had a convulsive parietic seizure, became maniacal and violent, and remained in this condition several months. Subsequent seizures were followed by less mental disturbance, but more extensive paralysis. This gradually increased till the time of his death, which occurred after a residence of about two years in the asylum.

Case 4. Man; age 46; clergyman. Had been temperate and healthy up to six years ago. He then began to run down in general health, and was several months in a public hospital, during which time he improved considerably. Eight months before admission he went to the same hospital in a very poor physical condition; said he had been adopted by a wealthy gentleman who had built him a church on Fifth avenue, New York, and had bought and fitted up a yacht for his use; that he had made a journey to China in this yacht in 60 days, and had there come in possession of a large quantity of gold. His condition was recognized by his friends, and he was committed to an asylum, from which he was soon after transferred to this institution.

There was present the characteristic complacency and exalted ideas of wealth, together with unmistakable physical signs of paresis. He remained nearly four years in the asylum, being governed during most of this time by expansive and exalted delusions. A succession of paretic seizures left him paralyzed during the last eight months of his life.

Case 5. Man; age 22; single. Was admitted in a very feeble and emaciated condition, and with a history of melancholia extending over a period of six months. Previous to this time he had run down somewhat in general health, and was laboring under considerable mental anxiety. During this six months he had eaten very sparingly, had lost flesh to a marked extent, and expressed delusions of fear and persecution. He slept poorly and of late had periods of frenzy, during which he tried to escape from his friends, to tear his clothes, and required restraint; said his physician was trying to poison him, and he would not take medicine; that his heart was stopping, and his hands growing spotted. In the office tried to escape from his friends, wrung his hands and cried, but refused to answer questions. Was put in bed and liquid food and stimulants administered. He soon, however, entirely and persistently refused nourishment, and owing to his feeble condition, artificial alimentation was difficult. His strength was however maintained in this way for several days, he in his frenzied condition opposing all care, and resisting to the point of exhaustion every effort to administer food. He gradually failed and died on the fifteenth day, apoplectic.

Case 6. Man; age 43; married. Was brought to asylum by an officer whose knowledge of patient extended back only three months, when he had become an inmate of the alms-house. Here his feeble-minded condition called attention to his case, and he was committed to this institution for treatment. Patient was too incoherent to give any intelligible account of himself; mistook the identity of persons about him, laughed and talked to himself, and made foolish gestures. Was thin in flesh and anæmic, his sclerotics pearly, and his gait was

unsteady and feeble. Examination of chest revealed an aneurism of the arch of the aorta over which the heaving impulse could be distinctly seen, even through the clothes. One month after admission he became more disturbed, and was boisterous and violent. He then had several slight shocks of paralysis, usually in the form of hemiplegia, the effects of which would gradually disappear in a few days. These attacks increased in severity until during the third month he became completely paralyzed, and died.

Case 7. Man; age 60; married. Worked for an ice company for some time past, where he received double wages on account of his remarkable physical strength and power of endurance. Drank freely for several years. Two months before admission he had become somewhat run down in general health, lost flesh rapidly, could not sleep, became irritable, abusive to his family, and finally assaulted his wife. Was sent to jail for five days, then for ten days. He continued, however, to abuse his family and was committed for thirty days, and it was only when he became actually maniacal, destructive of clothing and noisy, that the fact was recognized that he had been acting under an insane delusion before his committal to jail. Was brought to the asylum in an acutely maniacal condition, struggling with those who came with him, and calling out in a loud and incoherent manner. He enjoyed but little remission of symptoms during the three months which followed, though he improved somewhat in physical appearance. He then became more quiet, though at times he was excitable and talkative. Some time afterward he was observed by the physician to look sick, and, though he uttered no complaint, his countenance expressed anxiety and distress, his extremities were cold, and he was put in bed. He became suspicious, and at times frenzied when any one approached his bed, though he complained of no pain. After remaining in this condition for ten days, he suddenly died in an apoplectic fit.

Case 8. Man; age 49; married. Has been industrious, of good habits, and has arisen from a workman to the ownership of a manufacturing establishment. Four years ago had a severe attack of rheumatism, followed by pleurisy; since then has not been strong, and has suffered from several attacks of colic, which of late have become quite alarming.

An increase of business, necessitating greater responsibility, together with the trouble with his bowels, kept him for two years previous to admission in a state of such low vitality amounting almost to exhaustion, that his friends often warned him of insanity, and he, himself, often expressed fears of it. During the last month was very despondent, and dwelt upon and magnified every bodily sensation into the most terrible disease; said his bowels were becoming a solid mass and

that he did not want to live; he did not dare to go near water from the constant fear of committing suicide by drowning, and asked that every thing be removed from his room with which he might destroy himself. Was restless, slept but little, and at one time tried to throw himself from the window, and thus destroy his life. In this exhausted, emaciated and frenzied condition he was brought to the asylum.

Despite all attempts to administer nourishment and medicines, he remained in this frenzied, incoherent condition until the third day, when he died from exhaustion.

Case 9. Man; age 26; single. Several years ago, patient had a severe attack of articular rheumatism, followed by cardiac disease; worked as a common laborer until six months before admission, when he became greatly exercised over religious matters, and finally said he must preach. Opposition on the part of friends did not deter him from addressing every audience possible, whether religious or otherwise. Later, he expressed the belief that he was an object of special admiration by ladies, and was disagreeably attentive to utter strangers. During this time he continued in fair flesh, but was very eccentric, and suffered considerably from dyspnoea. On admission said he had a direct revelation from God, telling him what to do. Was very pale, sclerotics pearly, extremities cold, and breathing labored. Walking up a flight of stairs caused great difficulty in breathing, and a cyanotic look. Physical examination showed insufficiency of the aortic valves of the heart with stenosis of the mitral orifice, and but little compensating hypertrophy. He did not respond to treatment. The dyspnoea became more marked, so that the slightest exertion caused dizziness and faintness, with a sensation of suffocation that was truly distressing. The upright posture soon became impossible as the failure of the heart became more marked. On the fifteenth day he became comatose, and died.

Case 10. Man; age 70; married. Has led an intemperate life. One year before admission fell from a load of hay, striking on left temple, and was unconscious several hours. He gave no evidence of mental disturbance, however, until a month previous to admission. He was then absent-minded and forgetful, said he could not see at times, and was contradictory in his statements. Three weeks later he came home one night, went into a neighbor's yard, claiming it to be his own, and endeavored to eject the rightful owner because he was injuring the property. With difficulty was taken home, restrained, and finally taken to jail. Here he was noisy and violent, and next day was brought to asylum. Was so thoroughly exhausted from continued muscular activity, want of food and loss of sleep, that he had to be carried into the

office. His pulse was rapid, feeble and irregular. His pupils were dilated and extremities cool, while he continued to struggle with attendants and oppose care in every way. Food and stimulants were given, but he did not respond to treatment, and gradually failed until the sixth day, and died.

Case 11. Man; age 42; married. In 1857 patient had an attack of acute mania; was treated in this institution, and recovered in nine months. Has worked steadily as machinist since this date, being industrious and temperate. One week before admission did not go to the shop as usual, said he was unclean. Soon became restless; went out on the street demanding the people to "wash and be clean." He ate but little, did not sleep at night, and lost flesh rapidly. Finally secured a sword, which he flourished in the street, saying he was "going to fight the battles of the Lord." Was arrested and sent to asylum. In office was noisy and incoherent in speech, made foolish gestures and laughed immoderately without cause. Was in fair flesh, though anæmic and considerably exhausted, and was placed in bed at once. Slept fairly most of the night, but became noisy again toward morning. He ate no breakfast, but was sitting quietly in the ward when he fell in a convulsive fit. Two hours later he had another convulsion, became comatose, in which condition he remained until evening, and died.

Case 12. Man; age 39; single. Was brought to asylum by an officer who knew nothing of patient's history. Was found in a tenement house apparently without friends and in a feeble condition. He had not spoken but came quietly to asylum and did as he was told. Was very emaciated, face thin and pinched, expressing fear and pain. He required assistance to walk and clutched every thing in reach in a frenzied manner. He refused food and medicines persistently, and it was with great difficulty that sufficient nourishment could be administered to sustain life. After a time he began to improve, when it was learned that he had been an English soldier in the Indian service, where he had fever and an affection of the bowels which rendered him unfit for duty. Had been in this country four years, drank to excess and dissipated his fortune, and for a year had been insane. Three months after admission he again became disturbed, refused food, was restless, lost flesh and died apoplectic.

THOUGHTS ON HYGIENE.

The history of cases, in the asylum, and especially the multitude and variety of causes which, as an aggregation of like influences, or as an augmenting series of unlike, yet reciprocally depressing circumstances and conditions, concurring to make up the sum total of elements tending to the physical lesion—the final causation of insanity—often suggest the thought that if in our schools, homes, churches and court rooms we could have a little didactic and practical hygiene, we should not have so many patients in asylums, so many chronic half-invalids in society, and so many sudden deaths among the most valuable professional and business men. These histories give a striking and faithful picture of the domestic and social life of all classes of society. After three or four hundred cases a year have been received for more than twenty-five years, one grows familiar with the subject, and as one of each class comes up, feels as though he might venture to say what a given history may be. He may, in a general way, but not in that clinical sense in which every physician should feel he must understand and comprehend the history of his patient. The endless combinations and interlacings of human interests in the varied and constantly changing conditions of life, among the humble as well as the high, makes each history an independent, concrete fact, to the physician. Histories often run parallel, but they are not the same. Each is so distinct a life—normal and morbid—that if each of the thousands was a key, no two would unlock the same door. Yet there are certain things in common which not only justify generalizations but strongly suggest them. Among the things in common, nothing is more striking than the ignorance of needful rules of life, physical and mental, embraced under the expression hygiene. And one might add that the indifference is almost as striking as the ignorance.

Pure air, sun-light, pure water, cleanliness, plain food, animal and vegetable together, and clean clothing, constitute the physical essentials of healthful life, to which we add the duties of labor and of culture. Most of these are furnished to our hands, from the abundance of nature, and we have only to reach forward and receive them. Civilization and science enable us to surround ourselves not only with all the necessities of life, but with comforts and luxuries in our houses and their arrangements, as well as in clothing and food, only measured

or limited by the individual himself. Every thing in the world is procurable at our doors. Money, therefore, is the only limit to taste and desire. As a people we are lavish in expenditures, wasteful to a marked degree, and live in willful and heedless disregard of the laws of hygiene, and especially in those things, in which it would be easy, simple and of slight cost to obey them. In energy, industry and desire of knowledge and interest in the general welfare of mankind, we are not exceeded by any nation. Our financial contributions, as a people, to science in all its departments, to charities and religion, all are in strange contrast to our ignorance and parsimony in matters pertaining to individual and general public health. Whether all this is due really to ignorance or to the idea that the general health is good enough, and the mortality satisfactory, as expressing the standard of public health; or on the other hand simply to indifference, to a lack of appreciation of all the principles of hygiene, I do not pretend to decide. The evidences stand out in bold relief to the physician, in the fearful infant mortality, in the spread of deadly diseases of a preventable character, which take their rise and pursue their terrible progress in the most patent and removable causes, in the country as well as in the city. Wells in proximity to privies and barns, and other sources of pollution, offensive and un-drained cess-pools, damp, un-aired and un-drained basements, collections of stagnant water and accumulations about houses and factories of all kinds, undergoing putrescent decay, and many other sources of disease that could be enumerated, are the rough, coarse, patent evils on the surface, and appreciable by all. All these the physician cannot but see and appreciate, but he is powerless. They are public matters, and Mr. A. is not disposed to do any thing until Mr. B. begins. In the meantime, their own or their neighbors' children sicken and die. Now, a human fiend who should secretly enter a house and poison a family in any way, as through the water, food or air, would be hunted down, and thousands of dollars expended in securing, trying and punishing him. Yet poison in bad drains, bad water, filth and garbage, spreading disease broadcast, are left to their undisputed course, though a few hundreds of dollars would check it.

Good people who bear these things and oppose the expense of reform, bury their children from their houses, where the funeral expenses quadruple the tax that would have remedied the evil. The rich man rides out in his carriage, with liveried servants, and thinks nothing of the expense, while death is promenading his house in offensive and deadly gases which a few dollars would keep out. He would have those things remedied if he understood them, but he does not. He does not concern himself with hygiene. He is a banker, a merchant, a railroad man or manufacturer. What interest is the science of

health to him. The judge and the lawyer, with the crowd of suitors for justice, sit in the court-room day after day in foul and devitalized atmosphere, the air charged with carbonic acid gas and the floating emanations from their bodies and clothing and breathe it over and over.

The illness or death of an eminent judge or lawyer occurring soon after he leaves the court-room is attributed to heart disease or apoplexy or congestions of some kind. The effect is given for the cause and all is satisfactory. The sickness or death of a juror, occasionally, who cannot get out in the air, as the crowd does, to reinvigorate himself, is only an incident. All the while the principles of ventilation are understood and their application altogether feasible, but what is the duty of all, is the especial interest of no one, and matters go on as usual.

Noticing the failure of health, the bleached appearance and the general cachectic look, showing the influence of poisoned air, in the case of an eminent judge, who said he did not feel well, I remarked, "Your court-room is a bad one; it has windows only on one side and they are rarely open; the air must be impure. I noticed it when in court this morning as being exceedingly offensive." His reply was, "The air is good enough; the trouble is I have dyspepsia." But it may be asked what have all these to do with asylums and insanity? Much in regard to those who come to them and to the prevalence of causes of nervous and brain disorders, and among them to insanity. When we come to inquire as to the real causes of nervous diseases and general nervous prostration, we get, even from the most intelligent, the most vague and unsatisfactory history, and the gravest conditions are often attributed to the most frivolous or inconsequential causes. It is necessary to go back into the surroundings and habits of life to reach the true and efficient causes which, in steady progress, undermine the constitution and overthrow the health and the reason. We have used the term 'overwork and anxiety' in the table of causation. It implies not only physical, but mental exhaustion. It is introduced to group a class of cases, in which the general health is gradually impaired under these combined influences. It comprises those in various classes of society as well as of occupations, the professional man, the mechanic, the laborer, and women, when to toil and drudgery is added constant anxiety. Usually this condition of ultimate breaking down and the development of melancholia or mania has for its "last straw" its final physical cause, *under-nourishment*.

Many are saved this last step by timely warning. Feeling themselves inadequate to the performance of duty, becoming depressed in spirits and energy, or, as some express it, "losing ambition," seeing also, that they are losing color and muscular endurance, getting irri-

table, sleeping irregularly, and their appetite capricious, they seek counsel of a physician. By him, they are advised to lessen labor at home, or to go away for a time, to improve their diet, and if sleeplessness continue, they are given suitable remedies to secure the necessary, and regular rest, and thus bridge over the trouble and escape insanity. Others go on till the catastrophe is reached, or they hasten it under the advice of ignorance. The professional or business man, leading a sedentary life and constantly keeping his nervous system up to the highest strain, sees the evidences of failing, and if he is wise or wisely advised takes a period of recreation. If his duties and surroundings will not permit this, he puts aside or gives to others all he can, and by saving himself and thus conserving strength and expenditure creates a "sinking fund," and in time regains his physical vigor. Neglecting this, he takes a step downward, and finds himself ever afterward on a lower plane of physical life, and the remainder of his days are more or less a struggle, and a compromise between duties to be performed and the energy required for their accomplishment. The question is, whether they shall be partially or imperfectly done in accordance with the measure of vital power, or well and fully done at the risk of further depreciation in status. Many, at this juncture, give up duties entirely, and the zest of life is lost in years of a sort of vague expectation of death in some sudden or unusual form.

Such persons are likely to become more or less hypochondriacal, often selfish and exacting, and some of them at this juncture, especially professional men, under the idea that muscular vigor is attained by exercise, and not taking into account the important facts of age, of already lessened nervous power, of habits of life, under the advice of some gymnast or some so-called professor or doctor of physical training, begin by daily walks, or purchase some patent "health lift," or saw wood under the delusive hope of invigorating an already overworked and overstrained nervous system, by expending more nervous force in another direction, and generally, at the same time, keeping on with the brain work as usual. They think and talk of Greek and Roman gladiators and athletes, and absolutely delude themselves into the idea that they are gaining a new lease of life. Under the influence of fresh air there is temporary rallying, which they attribute to the improved circulation under the exercise. If they do not have the taste or opportunity for taking long walks, they go directly from the office or court room to the "health lift," or even purchase one, and every day, under muscular strain, force the blood into the extremity of every capillary vessel at the risk of permanent dilation or rupture, and console themselves with having compelled nature to do what she certainly never would do under any physiological law, for the health and preservation of the body. If

they congest the face and brain, so that they look like acrobats, after a dozen successive somersaults, or after hanging head downwards, they have attained a special success. Not long since I was called in consultation in the case of an eminent professional man, who was sinking from overwork and mental strain, and who subsequently died from hemorrhage into the brain. He pointed to a Butler "health lift" which he said he used for exercise, and to secure a good circulation.

These are only a few of the devices and errors committed in the name of hygiene. Among others, is that of limited diet, under the idea of having dyspepsia and feeble digestion.

The digestive organs suffer in the general failure; and instead of rest of body and mind, or at least lessening of labor in both directions, and taking an abundance of good animal food, with a general variety of vegetables, acids, etc., the diet is brought down to starch, crapulent vegetables and fruits, coffee and tea omitted, or weakened down till they are a mere unstimulating warm fluid or diluent. Work, however, is continued, and at length the organism gives way, in some part, as the kidneys, liver, lungs or brain. The person sees himself going down; struggles awhile, and finally gets worried about his business, anxious about his spiritual welfare, or disheartened generally. It does not occur to him that he is the author of his own misery, and the victim of ignorance. Perhaps he knows all about law, or commerce, or finance or mechanics.

His friends set down his insanity—if that is the issue—as it often is, to too close attention and worry about business, or to religious anxiety; but the far-off cause is really defective hygiene, overworking and undernourishment; the present potential cause a starved, sick brain.

Physical labor is undoubtedly healthful, as is mental. Physical labor, as opposed to mental, does not tend to prolong life, and brain work does not tend to shorten life. As a broad proposition, brain will outwear and outlast muscle in an equal struggle—both properly regulated and nourished. Dull, stupid, uncultivated men live long, and so do men of the highest culture and most incessant mental activity. In such cases generally, however, there has been original constitutional vigor and regularity of life. Still, instances are not wanting where persons disregarding all sanitary rules live to 80 or 90, and even longer, in health, or as poor, miserable wrecks. These exceptional cases, however, are not to be taken as guides in the bodily or mental hygiene for the mass of mankind. The harmonious development of all the functions of body and mind must conduce to the greatest constitutional vigor, endurance and mental activity, with long life and health.

The principles of hygiene should be kept in view, therefore, not only in adult life, but especially in the training and education of children.

These are simple, and would prove the real factors in invigorating the race ; in preventing misery ; in increasing happiness, and in lessening the burdens of taxation and social sacrifice in the support of the helpless and dependent.

It is broadly true that activity is not only not injurious, but healthful, whether of mind or body. All history, as shown in the lives of great thinkers, sustains the physiological principles of the healthfulness of constant activity of the brain in mental work. Our most active business men are illustrations of this fact. Again, the influence of education of idiots on the health and development of body, shows the value of brain-training, even under the most unfavorable circumstances. I have, too, seen most admirable results from the training of epileptic children to secure cerebral domination, and, by mental culture, keep in subjection the temper, as also the passions, which have expression and power so largely in the reflex nervous system. Cultivation of the brain may also give co-ordinating power, by which the harmony of the whole organism will be better secured. The abandoning dull children, or denying them the advantages of training, which is a sort of gymnastic culture of the brain, during the formative stage of growth, is an error. They especially need it. Society loses in every way by such neglect. All children, without respect to native ability—to brain power—should be trained in school, that the nervous system, during the period of development by practice and tension, may acquire vigor and stability. This is quite as important as muscular training. Imbecile and feeble-minded children are thus made helpful and useful citizens. The institution for this class at Barre, Mass., under the care of Dr. Brown, is, in its results, an admirable and high proof in this direction. Such cultivation or training—for cultivation is, perhaps, too comprehensive a word—would result in the greater happiness and usefulness of the individual, and thus to the people of the state. The daily direction of thoughts is of the highest consequence, whether the doctrine of the physiological or psychological origin of mind be adopted. If the former, then the training should result in the highest possible good, as it would give positive habit to physiological laws ; and if the latter, to which I subscribe, it would lay a deeper foundation and ground-work for moral character and control of the habits and passions, and better comprehension of the duties of life, as well as training to the physical organ.

Intemperance, unhappily, the most common of vices, is an illustration of the amazing force of habit and power of appetite, and should teach us in considering the uncultivated, how much they have to deal with in struggling on the one hand against the tendencies of passion, having foundation in the very law of their members, and on the other, aiming to comprehend and follow rules of conduct which they have

not the capacity or culture to appreciate, except in their dim and rough outlines. We receive a large number of this class, and among them a considerable proportion of young people of both sexes, and most of them ignorant, not only as to education proper, but as to what relates to the commonest hygiene and morals. They are not bad, but ignorant. We save a goodly number, but, in many, there is no foundation in intelligence, to appeal to, after we have rescued them physically from the dominating power of base habits. Leaving them to themselves, or returning them to their families, they soon fall into the same habits again, and sink into dementia.

I cannot but hope that the law of last winter enforcing education will not only reach and save a large proportion of youth, who now drift through ignorance and bad associations into our correctionary and penal institutions—an anticipation justly and reasonably claimed by its advocates—but also a class, who, through ignorance and under the solitariness and isolation of uneducated laborers, whether on farms or in shops, drift into stupidity and degrading habits, and find their way at length into asylums and poor-houses, at public support for life.

Abstemiousness and excess are not prudent living; neither can be commended. However, I think it is safe to say that there is more ill health and degeneracy from under-feeding than from excess of eating and drinking combined. The majority of patients received in hospitals for the insane, whether they are of the dependent or independent classes, can justly charge to meager and insufficient diet, both in quantity and quality, a large share of the factors combining to bring them finally to conditions of insanity. Many cases charged to ill health from domestic troubles, religious excitement or anxiety, jealousy and kindred moral influences, can more truly be traced to under-nourishment, either from poverty or, in the great number of cases, from ignorance as to what constitutes wholesome and nutritious food. To add to this in many of these cases there is the most gross inattention to the simplest rules of bodily cleanliness. They deny themselves pure air and the beneficent light of the sun. Many, and especially women, even among well-to-do people, shut up their houses, more particularly if they are not well, and live in comparative darkness, and in the most impure atmosphere, both men and women rarely using water for personal cleansing, except on the hands and face, for weeks together; wearing outer garments for months, and even years, saturated with *effete* matter from their own bodies, and effluvia from shops, factories, offices and all manner of places, and then express surprise that they are not well. Some people, indeed, would seem to thrive on dirt, but really they thrive in spite of dirt. Now, in these cases occasional sponging of the clothing with pure water and a little spirit of ammonia, and dry-

ing and airing in the sun, or if the garment is one that can be washed, of course, taking that more thorough method of cleaning; airing their houses freely, the cellar included, and letting in the light; washing the whole person at least once a week; such a course would transform many of them from half-invalids, poisoned by their own excretions and voluntary surroundings, into a state of comfortable health and sweetness, and would thus give them vigor and happiness and lengthen their lives.

This is frequently all we do for the restoration of cases in the asylum. A course of sound hygiene applied for a few months works the cure. It is by no means uncommon for patients to oppose and resist bathing, the washing of their bodies being absolutely a new experience. There are persons in the asylum now who complain and criticise, if grumbling is criticism, whose physical, and, one might add, mental and moral undertone are traceable to their not knowing how to live and use the things about them. This class generally, too, supported by their friends or the public, are never quite sure of having been rightfully here and especially of having been properly or scientifically treated. They hope for "some great thing" to be done, and seem disappointed that they recover by such seemingly simple means. I have no doubt that more regard to the simpler matters of hygiene would save the health of many, who, neglecting them, finally break down and land in asylums as cases of melancholia and dementia. It is said that "cleanliness is akin to godliness," and we are sure it is vital to health.

In the second annual report of the State Board of Health of Massachusetts, page 129, occurs the following history of a case which, I think strikingly illustrates the power and importance of hygienic means:

"A young and apparently vigorous man, between 20 and 30 years of age, a butcher by trade, was attacked with typhoid fever in the autumn of a few years ago. I saw him soon after the fever commenced and attended him through the whole of it. He was a bachelor and occupied a good-sized chamber in the second story of a house in a pleasant street. The chamber was lighted by two windows and furnished with an open fireplace in a chimney.

"The fever was a mild but unmistakable typhoid which developed itself normally. The patient had a daily febrile exacerbation, a hot skin, thirst, a slight diarrhoea, rose spots and the like. There were no violent symptoms and consequently no indications for active treatment. In fact I saw no reason for the exhibition of drugs and therefore gave none. His skin was bathed two or three times a day with tepid water.

A slight wood fire, just enough to insure ventilation, was kept in the chimney of his chamber, and one of the windows raised a little. He was allowed to drink as much water as he chose, iced or not,

according to taste. In like manner the covering of his body was regulated by his sensations; when hot he had only a sheet over him, at other times he required a light blanket.

"As soon as the fever was sufficiently developed to render its character clear, I advised his landlady to inform his family, who resided at a distance from the city, in Vermont or New Hampshire, I think, of his illness, and to add that he was not dangerously ill.

"Directly the news reached his family, a maiden aunt and sister were dispatched to the city to take care of him. Alarmed by the name typhoid fever, they hurried to Boston, and reached his quarters one forenoon, just after I had made my customary visit. My patient was in the condition described above, comfortably sick, with a pulse of about 80, and without delirium. They were frightened and astonished to find their relative, who was sick with typhoid fever, so poorly cared for. Guided by their theory of the proper treatment of fever, they proceeded, without informing me, to reform matters.

"They pinned a blanket over each window, so as to exclude the light, and closed the open window, so as to shut out the noise of the street. A fire-board, or chimney-board, I believe it is called, which had been removed from the fire-place was replaced, and an 'air-tight' stove, in which a fire was built, was substituted for the open fire. In order to make him sweat, he was packed in two or three blankets, and the diaphoretic process encouraged by copious libations of herb tea. The fact that no medicines were given, they regarded as an unpardonable neglect on the part of the attending physician, but, until they saw me, were content to make up for this neglect by giving the hot teas just referred to.

"When I reached the house on the next day for the purpose of visiting my patient, I was met at the door by the landlady, who informed me that he was much worse. She gave me no hint, however, of the transformations in his surroundings that had taken place. I went up-stairs, and was surprised beyond measure at the change. I found a dark room filled with a hot and foul atmosphere. The odor was of that offensive sort that the chambers of the sick are too often charged with.

"But the greatest change was in the sick man, whom I had left so comfortable the day before. He was wrapped in blankets, his skin was dry and very hot, his tongue dry, his lips cracked, his eye wild, his pulse one hundred and twenty; and he was so restless and delirious that it was all his attendants could do to keep him in bed. The maiden aunt approached me, and introduced herself and niece. She said she came to nurse her nephew, and had found him with open windows, exposed to noise and currents of air, drinking cold water as freely as he chose, and taking no medicine. These evils she had

endeavored to remedy, but in spite of all her efforts he had grown rapidly worse. She said this with such downright honesty and sincere simplicity, that I could not be provoked with her. I asked her to step into an adjoining room, and told her that unless every thing about her nephew was arranged just as it was before she came, I should take no further care of him. As she hesitated a moment, I added, 'he will probably die, left as he is, and it is for you to take the responsibility of following your own course or mine.' We returned to the sick chamber. I remained, and saw her with trembling hands and doubtful looks remove the blankets from the windows and from the bed. The air-tight stove and the chimney-board were taken away. A fire was built in the chimney, and a window opened. I gave the sick man a tumbler of water, which he drank as if he were quenching an internal fire. All this they bore in silence, but when I called for a large tub, and made preparations for a bath, they remonstrated. A bath, and particularly a cold bath, would kill him.

"Remonstrances were unavailing, and they were compelled to acquiesce. My patient got a cool effusion by pouring water all over him. He was then put to bed, lightly covered, and soon went to sleep. By night his condition had considerably improved, and on the next day, twenty-four hours later, his fever assumed its previous mild type. His pulse was about eighty, and his head tolerably clear. He made a satisfactory convalescence. His relatives returned home in due time, and if they are alive, I hope they are the apostles of a rational treatment of typhoid fever."

MATRON'S REPORT.

The Matron reports the following articles made in the house during the year, besides the mending:

Pillow cases	958
Sheets	748
Handkerchiefs	551
Dresses	493
Towels	486
Shirts	344
Aprons	284
Wrappers	165
Chemises.....	157
Skirts	138
Drawers, pairs.....	121
Comfortables	75
Napkins	75
Cupboard spreads.....	72
Night dresses.....	60
Socks, pairs	53
Stand spreads.....	50
Bureau spreads	48
Window curtains.....	37
Table cloths.....	31
Sacks.....	20
Under waists	10
Total number.....	4,976

The tailor reports the following articles as having been made in the shop, in addition to the repairing:

Overalls	135
Straw bed ticks.....	125
Mattress ticks	36

Over shirts.....	50
Full suits	5
Camisoles	2
Coats	5
Pants	3
Vests.....	3
Total number.....	364

The steward makes the following report of the farm and garden :

DECEMBER 1, 1874.

Apples, 12 bushels, 75c.....	\$9 00
Asparagus, 36 bushels, 8c.....	2 88
Beans, butter, 16 bushels, \$3.00.....	48 00
Beans, dry, 25 bushels, \$2.50..	62 50
Beans, Lima, 6 bushels, \$3.00.....	18 00
Beans, string, 45 bushels, \$2.00	90 00
Beets, farm, 600 bushels, 40c .	240 00
Beets, green, 682 bunches, 4c.....	27 28
Beets, garden, 1,055 bushels, 40c.....	422 00
Cabbages, white, 1,500 heads, 6c.....	90 00
Cabbages, red, 350 heads, 8c.....	28 00
Cabbages, Savoy, 484 heads, 8c.....	38 72
Carrots, 569 bushels, 40c.....	227 60
Cauliflowers, 654 heads, 10c....	65 40
Celery, 3,550 heads, 6c.....	213 00
Corn stalks, 60 tons, \$5.00	300 00
Corn, green, 95 bushels, \$1.50	142 50
Citrons, 480, 25c.....	120 00
Cucumbers, 12 bbls., \$4.00.....	48 00
Cucumbers, green, 23 bushels, \$2.00	46 00
Chickory, 30 bunches, 4c....	1 20
Egg plant, 100 bunches, 10c.....	10 00
Hay, 140 tons, \$18.00.....	2,520 00
Lettuce, 2,649 bunches, 5c	132 45
Leeks, 175 bunches, 8c.....	14 00
Milk, 115,575 quarts, 6c.....	6,934 50
Mush melons, 100, 25c	25 00
Onions, dry, 311 bushels, \$1.50	466 50
Onions, green, 1,257 bunches, 8c.....	100 56
Okra, 1 bushel, \$1.50.....	1 50
Carried forward.....	\$12,444 59

Brought forward.....	\$12,444 59
Parsley, 437 bunches, 6c	26 22
Parsnips, 30 bushels, 40c.....	12 00
Peas, dry, 6 bushels, \$3.00.....	18 00
Peas, green, 45 bushels, 75c.....	33 75
Pie plant, 2,182 bunches, 6c... ..	130 92
Potatoes, 2,609 bushels, 50c.....	1,303 50
Peppers, 2 bushels, \$2.00.....	4 00
Summer savory, 23 bunches, 10c.....	2 30
Salsify, 360 bushels, 75c.....	270 00
Sage, green, 84 pounds, 25c... ..	21 00
Squash, winter, 678, 20c	135 60
Squash, summer, 3,683, 4c.....	147 32
Spinach, 1,554 bunches, 4c.....	62 16
Tomatoes, ripe, 150 bushels, \$1.00.....	150 00
Tomatoes for pickles, 50 bushels, 75c.....	37 50
Turnips, 230 bushels, 40c.....	92 00
Water melons, 50, 50c	25 00
	\$14,915 86

STOCK ON FARM.

Eleven horses, one pony, one yoke of oxen, 32 cows, one bull, one heifer, two calves, 154 hogs.

Amount received for pigs and pork sold.....	\$412 41
Pork slaughtered for use of house.....	1,008 35
Value of swine on hand.....	2,500 00
	\$3,920 76
Value of swine on hand Dec. 1, 1873.....	\$1,889 00
Amount paid for feed.....	391 16
	2,280 16
	\$1,640 60

There have been some changes in the medical staff during the year. In February last, Dr. Daniel H. Kitchen resigned the position of second assistant physician, to accept the appointment of superintendent of the State Emigrant Asylum, on Ward's Island, in New York harbor.

Dr. Willis E. Ford was promoted to the position of second, and Dr. Alfred T. Livingston to that of third assistant. In June, Dr. Edwin E. Smith, resident surgeon of the State Emigrant Hospital, came as fourth assistant physician.

Mr. H. N. Dryer and Mrs. Emma Barker continue to occupy the positions they have so long acceptably filled.

We desire to return our thanks to the Rev. Mr. Peek, of Owasco, Rev. Mr. Barrows, of Sherburne, Chaplain Hagar, of the United States army, and Rev. Dr. Hartley, of Utica, for conducting services on several occasions in aid of the chaplain, Dr. Gibson.

We would acknowledge the kindness of Prof. John Ordronaux, State Commissioner in Lunacy, who delivered two lectures, one upon "The Spirit of Nature," and the other upon "English Poetry"; of Prof. Edward S. Morse, of Lowell, Mass., who favored us with a lecture upon "Popular Errors in Natural Science"; of Mr. R. W. Hurlburt, of Utica, who furnished a fund of amusement to all who heard him deliver his two humorous lectures; also, of the gentlemen and ladies of Utica, who gave us a concert on Thanksgiving evening. The music on this occasion, both vocal and instrumental, was excellent, and highly enjoyed by our whole household.

Since the first of September entertainments have been given by a corps composed of patients and employees of the asylum, under the direction of Dr. Smith, during two evenings a week. They have consisted largely of farces, interspersed with readings and tableaux.

The rest of the medical officers have delivered lectures on practical and scientific subjects. We have thus presented a variety of entertainments, and in such number and frequency as to gratify the patients and relieve the tedium of asylum life.

We were pleased to receive a visit from Miss D. L. Dix, and would return our thanks for the present of two large compound kaleidoscopes, one for each of the convalescent wards, which she sent to our patients.

Mr. John E. Williams and Henry A. Morgan, Esq., of Aurora, remembered us, as in past years; the former by sending a quantity of grapes and apples of a choice variety, and the latter a barrel of delicious pears.

We are again indebted to the State Comptroller, N. K. Hopkins, and George Dawson, Esq., of the *Albany Evening Journal*, for pack-

ages of papers, which have been distributed through the wards, for the use of our patients.

The visitation by the public for some years past has been so great, that it has been necessary to have some one designated for the special duty of showing the wards and general arrangements of the asylum. Mr. George Milham who had charge of this matter reports 9,150 visitors, more than half of whom were women. County or other officers and those who came specially to see their friends, are not included.

In conclusion the words of last year are appropriate to close this report.

To you, gentlemen, I am deeply grateful for your continual and uniform courtesies, and your generous support and encouragement in all our efforts to widen the sphere of usefulness of the institution, by the more comprehensive and thorough application of the principles of science in the medical care of the patients, as well as in investigations looking to the progress of medicine; and also for your wise counsel, at all times rendered in the management of the asylum, and which I appreciate more and more each year as experience impresses its necessity, to the successful conduct of such a great establishment.

Committing the institution, with all its interests, to the merciful care of an overruling Providence, whose guidance, in all our labors we reverentially seek, we enter upon another year.

JOHN P. GRAY.

December 9, 1874.

APPENDIX.

For the information of those desirous of placing patients under treatment in the asylum, we append the following extracts, requirements and forms of law.

The law relating to the insane is chap. 446, Laws of 1874, entitled "An act to revise and consolidate the statutes of the state relating to the care and custody of the insane; the management of the asylums for their treatment and safe-keeping, and the duties of the state commissioner in lunacy."

SECTION 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the state, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer or a regular professional attendant therein.

It will be seen, from the above sections, that the requirements of the law for the commitment of an insane patient to an asylum are :

1. A certificate of two physicians, under oath, setting forth the insanity of such person.

2. That the physicians signing the certificates must be duly qualified as medical examiners in lunacy, by being certified by a judge of a court of record, as possessing the qualifications specified in the first paragraph of the second section: that the certificates shall be made on personal examination of the patient, in accordance with forms prescribed by the State Commissioner in Lunacy, and bear date of not more than ten days prior to the commitment.

3. The certificates must be approved by the judge of the county or district in which the patient resides.

The following is the form of medical certificate prescribed by the Commissioner in Lunacy:

(FORM OF MEDICAL CERTIFICATE.)

STATE OF NEW YORK, } ss. :
COUNTY OF , }

I, , a resident of , in the
county aforesaid, being a Graduate of , and having practiced
as a Physician, hereby certify, under oath, that on the day of ,
I personally examined of *

*(Here insert sex, age, married or single, and occupation.)

and that the said is insane, and a proper person for care and
treatment, under the provisions of chapter 446 of the Laws of 1874.

I further certify that I have formed this opinion upon the following
grounds, viz. :*

*(Here insert facts upon which such opinion rests.)

And I further declare that my qualifications as a medical examiner
in lunacy have been duly attested and certified by*

*(Here insert the name of the judge granting such certificate.)

Sworn to and subscribed before }
me, this day of , 187 . }

The judge's certificate of qualification, the form of which we give below, need not be attached to the medical certificate, as the physician makes oath to the fact of being qualified, in each instance. It may be retained by the physician or placed on file in the county clerk's office.

(JUDGE'S CERTIFICATE OF QUALIFICATION.)

STATE OF NEW YORK, }
COUNTY OF , } ss.:

I hereby certify that , of , is personally known to me as a reputable physician, and is possessed of the qualifications required by chapter 446 of the Laws of 1874.

Patients are admitted to the asylum upon public orders or upon the bond of friend, guarantying the prompt payment of bills.

Of those committed on public orders—there are two classes—pauper and indigent patients. Pauper patients are sent to the asylum upon the order of the superintendent of the poor of the county in which the patient resides, in accordance with section 5 of the law.

The order of the county, or special county judge, or judge of the superior court or common pleas of the county where the patient resides secures the admission of indigent persons not paupers. A certificate of indigence entitles the person in whose favor it is issued, to two years treatment in the asylum, if he is not sooner cured and is by law limited to cases of insanity of not more than one year's duration.

The object of this humane provision is, undoubtedly, to extend the benefits of this institution to persons of limited means, whose insanity is of a recent date, and therefore probably curable, and, if recovered in the space of two years, restoring them to their families and their property unimpaired, and saving them from the paralyzing influence upon their future life of finding themselves, by the loss of health and reason, reduced to poverty. Patients sent through this channel generally supply their own clothing and pay their own traveling expenses to and from the asylum.

Patients supported at their own expense, or that of their friends, are received, when there are vacancies in the asylum, giving preferences to recent cases, upon the certificates of two physicians, duly qualified as medical examiners, approved by the judge of the county or district in which the patient resides, and upon a bond signed by two persons whose financial responsibility is certified by some bank or county officer, or some well known responsible person.

The form of a bond, to be executed by the friends of the insane person admitted as a patient, is as follows:

WHEREAS, of
in the county of , an insane person, has been
admitted as a patient into the New York State Lunatic Asylum, at
Utica:

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to Thomas W. Seward, treasurer of said asylum, to pay to him and his successors in office, the sum of dollars cents per week, for the care and board of said insane person so long as he shall continue in said asylum, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the steward of the asylum, and to remove him from the asylum whenever the room occupied by him shall be required for a class of patients having preference by law or whenever he shall be required to be removed by the managers or superintendent; and also to pay all expenses incurred by the managers or superintendent in sending said patient to his friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed at the request of his friends before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said asylum, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made semi-annually, on the first day of February and August in each year, and at the time of removal, with interest on each bill from and after the time it becomes due.

In witness whereof, we have hereunto set our names this
day of , in the year 18

(Name,) [L. s.]

(P. O. Address,)

(Name,) [L. s.]

(P. O. Address,)

This will certify, that I am personally acquainted with
and , the signers of the above bond, and consider
each of them fully responsible for the prompt discharge of its
obligations.

(Name,) [L. s.]

(P. O. Address.)

This agreement, or understanding, is generally signed by near relatives or other friends of the patient, or legal guardians, if any such there be, at or prior to the time of admission, or subsequently, upon the deposit, of a sum of money sufficient to secure its execution.

Upon application, we will furnish any of the above forms, of medical certificates or bond for private patients, in blank.

We regret to be obliged to call the attention of county officers to the following law, which is too frequently overlooked or disregarded :

“ All town and county officers sending a patient to the asylum, shall, before sending him, see that he is in a state of perfect bodily cleanliness, and is comfortably clothed and provided with suitable changes of raiment, as prescribed in the by-laws.”

We request, especially, that patients brought to us from county-houses be clean and free from vermin.

All patients require at least two suits of clothing, and several changes of under garments. Most of the patients go out regularly, and consequently require clothing suited to the season. For males, great coats and boots are required in winter ; shoes answer in summer ; slippers are worn in the house. Females also need ample clothing for walking and riding in the winter.

The supply should be liberal when it can be afforded. All clothing is marked with the name of the patient to whom it belongs, and much pains are taken to have it kept in good order and repair.

The removal of a patient should not be attempted while laboring under severe bodily disease, as fevers, erysipelas, large and dangerous wounds or sores, consumption, etc.

In conveying a patient to the asylum, let it be done, if necessary, by force rather than by deception. Truth should not be compromised by planning a journey to Utica, or a visit to the asylum, and when there suggesting the idea to the patient of staying, while his admission was already decided upon ; nor should patients be induced to come and stay a few days, to see how they like it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also, too often, in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement. The patient should be brought by an intelligent and intimate acquaintance, who will be able to give a minute history of the case, or written account should be transmitted. In the latter should be stated the name, age, married or single, number of children, occupation, degree of education, profession of religion, habits, nativity, residence, predisposing and exciting causes. Here give a minute history of the patient from youth up, temperament, peculiarities, disposition, etc. ; also the cause supposed to have affected the patient immediately preceding the attack ; state what relatives, near or remote, are or have been insane or peculiar ; also what disease the patient has suffered from, fits, skin diseases, dyspepsia, constipation, piles, ulcers, etc. Give the date of the attack, going back to the first

noticeable disturbance, no matter how slight; also the duration of the more marked and decided symptoms, the number of attacks (if this be not the first), and, if ever before admitted, the number of admissions to this asylum, and how complete was the recovery in the intervals of the attacks; state fully the condition of the patient at the time of admission; whether suicidal or homicidal; whether he eats, sleeps, strikes, breaks, destroys, or is noisy or inattentive to personal cleanliness, and whatever else may occur to the friends, likely to be useful to us.

It is desirable that application for admission be always made before the patient is brought to the asylum, in reply to which any desired information will be cheerfully furnished. All correspondence about or with patients should be post-paid, and addressed to Dr. John P. Gray, superintendent of the State Lunatic Asylum, Utica, N. Y.

